

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000332046

**Entity Name:** GOCTHREE LLC

**Current Principal Place of Business:**

10689 NORTH KENDALL DRIVE  
SUITE 321  
MIAMI, FL 33176-1525

**Current Mailing Address:**

10689 NORTH KENDALL DRIVE  
SUITE 321  
MIAMI, FL 33176-1525 US

**FEI Number:** 87-1785884

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MACCHI, CARLOS A  
10689 NORTH KENDALL DRIVE  
SUITE 321  
MIAMI, FL 33176-1525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOMEZ COCHIA, ENRIQUE M  
Address 10689 NORTH KENDALL DRIVE SUITE  
321  
City-State-Zip: MIAMI FL 33176-1525

Title MGR  
Name GOMEZ MASSOT, JUAN J  
Address 10689 NORTH KENDALL DRIVE SUITE  
321  
City-State-Zip: MIAMI FL 33176-1525

Title MGR  
Name GOMEZ MASSOT, MARIA F  
Address 10689 NORTH KENDALL DRIVE 321  
City-State-Zip: MIAMI FL 33176-1525

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ENRIQUE MARIO GOMEZ COCHIA

**MANAGER**

**04/25/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date