

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000119472

**Entity Name:** PARETE GROUP, LLC.

**Current Principal Place of Business:**

12191 W. LINEBAUGH AVE  
SUITE #588  
TAMPA, FL 33626

**Current Mailing Address:**

12191 W. LINEBAUGH AVE  
SUITE #588  
TAMPA, FL 33626 US

**FEI Number:** 26-1487829

**Certificate of Status Desired:** No

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

WALL, ANDREW  
12191 W. LINEBAUGH AVE  
SUITE #588  
TAMPA, FL 33626 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	MGRM	Title	MGRM
Name	WALL, ANDREW	Name	WALL, LESLIE
Address	12191 W. LINEBAUGH AVE. SUITE #588	Address	12191 W. LINEBAUGH AVE. SUITE #588
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	TAMPA FL 33626

*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:** LESLIE WALL

**MGR**

**04/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date