

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000042513

Entity Name: SACHE GROUP LLC**Current Principal Place of Business:**19201 COLLINS AVENUE
#328
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**19201 COLLINS AVENUE
#328
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** 68-0680611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARAMES, CLAUDIA INES
19201 COLLINS AVENUE
#328
SUNNY ISLES BEACH, FL 33160 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:** CARAMES CLAUDIA INESW

04/03/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM, PRESIDENT, AUTHORIZED MEMBER
Name CARAMES, CLAUDIA INES
Address 19201 COLLINS AVENUE #328
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER
Name DI CRISTOFANO, NICOLAS
Address 19201 COLLINS AVENUE #328
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER
Name DIAZ CASAL, CONRADO
Address 19201 COLLINS AVENUE #328
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGRM, AUTHORIZED MEMBER, VP
Name DI CRISTOFANO, ALEJANDRO
Address 19201 COLLINS AVENUE #328
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER
Name DI CRISTOFANO, SANTIAGO
Address 19201 COLLINS AVENUE #328
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MANAGER
Name DIAZ CASAL, MARIA
Address 19201 COLLINS AVENUE #328
City-State-Zip: SUNNY ISLES BEACH FL 33160

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: DI CRISTOFANO ALEJANDRO

VP

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date