

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000037520

**Entity Name:** DEBORAH GROUP, LLC

**Current Principal Place of Business:**

480 NE 30 STREET  
APT 1402  
MIAMI, FL 33137

**FILED**  
**Feb 16, 2024**  
**Secretary of State**  
**5261004369CC**

**Current Mailing Address:**

480 NE 30 STREET  
APT 1402  
MIAMI, FL 33137

**FEI Number:** 45-4911067

**Certificate of Status Desired:** No

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

SONN & MITTELMAN, P.A.  
2999 N.E. 191 STREET  
SUITE 409  
AVENTURA, FL 33180 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  
Name POBIRSKY, ALEXANDER  
Address 35 SEACOAST TERRACE, APT 12C  
City-State-Zip: BROOKLYN NY 11235

Title MGRM  
Name POBIRSKY, DINA  
Address 35 SEACOAST TERRACE, APT 12C  
City-State-Zip: BROOKLYN NY 11235

Title MGRM  
Name GUGILEV, DEBORAH  
Address 480 NE 30 STREET  
City-State-Zip: MIAMI FL 33137

*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:** DEBORAH GUGILEV

**MGRM**

**02/16/2024**

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

\_\_\_\_\_  
Date