

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000144409

**Entity Name:** BROTHERS BLUE GROUP LLC

**Current Principal Place of Business:**

19370 COLLINS AVE  
APT 505  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

323 SUNNY ISLES BLVD. 7TH FLOOR  
UNIT 733  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 46-1419527

**Certificate of Status Desired:** No

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

ZANOTTI, LUCILA A  
323 SUNNY ISLES BLVD. 7TH FLOOR  
UNIT 733  
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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ZANOTTI, LUCILA A  
Address 19370 COLLINS AVE  
525  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR  
Name ZANOTTI, NATALIA M.  
Address 19370 COLLINS AVE  
505  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR  
Name ZANOTTI, MARIANO M.  
Address 19370 COLLINS AVE  
505  
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:** LUCILA A ZANOTTI

AMBR

04/13/2022

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

\_\_\_\_\_  
Date