

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000013275

**Entity Name:** GRUP HIBRID,LLC

**Current Principal Place of Business:**

550 N REO STREET, STE. 300  
TAMPA, FL 33609

**Current Mailing Address:**

PO BOX 219-108  
DUVALL, WA 98019 US

**FEI Number:** 46-1962319

**Certificate of Status Desired:** No

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

HARTE, JULIE  
HARTE & CO  
9376 BALM RIVERVIEW ROAD  
RIVERVIEW, FL 33569 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 MILES, T.R.  
Address PO BOX 219-108  
City-State-Zip: DUVALL WA 98019

*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:** T.R. MILES

MGRM

04/04/2023

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

\_\_\_\_\_ Date