

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000057342

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

**Current Principal Place of Business:**

4831 NW 99 CT  
DORAL, FL 33178

**Current Mailing Address:**

PO BOX 226948  
MIAMI, FL 33222 US

**FEI Number:** 46-2574605

**Certificate of Status Desired:** No

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

BIZ, GABRIEL OMAR  
4831 NW 99 CT  
DORAL, FL 33178 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 MGR  
Name BIZ, GABRIEL OMAR  
Address PO BOX 226948  
City-State-Zip: MIAMI FL 33222

Title MGR  
Name LAGE, GABIRELA VERONICA  
Address PO BOX 226948  
City-State-Zip: MIAMI FL 33222

Title MGR  
Name BIZ LAGE, WENDY MELANIE  
Address PO BOX 226948  
City-State-Zip: MIAMI FL 33222

Title MGR  
Name BIZ LAGE, SOPHIE EVELYN  
Address PO BOX 226948  
City-State-Zip: MIAMI FL 33222

*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:** BIZ , GABRIEL , OMAR

MGR

01/02/2020

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

\_\_\_\_\_  
Date