

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000007610

**Entity Name:** HUSS CZ, LLC

**Current Principal Place of Business:**

407 LINCOLN RD.  
STE. 6G  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

407 LINCOLN RD.  
STE. 6G  
MIAMI BEACH, FL 33139 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BE GROUP MANAGEMENT LLC  
407 LINCOLN RD.  
STE. 6G  
MIAMI BEACH, FL 33139 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:** MARINA MARTI

04/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name HUSS, CARMEN  
Address 5601 COLLINS AVE.  
SUITE 515  
City-State-Zip: MIAMI BEACH FL 33140

Title AMBR  
Name CZETOWICZ, PABLO A  
Address 5601 COLLINS AVE.  
SUITE 515  
City-State-Zip: MIAMI BEACH FL 33140

Title MANAGER  
Name BE GROUP MANAGEMENT LLC  
Address 5601 COLLINS AVE.  
SUITE 515  
City-State-Zip: MIAMI BEACH FL 33140

Title AGENT  
Name CZETOWICZ, NATALIA  
Address 5601 COLLINS AVE.  
SUITE 515  
City-State-Zip: MIAMI BEACH FL 33140

*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:** BE GROUP MANAGEMENT LLC

MANAGER

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date