| <u>2019</u> | <b>FLORIDA</b> | LIMITED | LIABILITY | COMPANY | ANNUAL REPORT |
|-------------|----------------|---------|-----------|---------|---------------|
|             |                |         |           |         |               |

DOCUMENT# L14000045582

Entity Name: MIRACLES GROUP LLC

#### Current Principal Place of Business:

10305 NW 41ST SUITE 111 DORAL, FL 33178

## **Current Mailing Address:**

10305 NW 41ST SUITE 111 DORAL, FL 33178 US

## FEI Number: 35-2503718

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

REAL TIME MANAGERS, LLC 10305 NW 41ST STREET SUITE 111 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                     | E FERNANDO BRAGAGNOLO                    |                 |                         | 04/24/2019 |  |  |
|-------------------------------|--|-----------------|-------------------------|------------|--|--|
|                               | Electronic Signature of Registered Agent |                 |                         | Date       |  |  |
| Authorized Person(s) Detail : |  |                 |                         |            |  |  |
| Title                         | MGR                                      | Title           | MGR                     |            |  |  |
| Name                          | ALONSO, JOSE L                           | Name            | ROMA, SILVANA F         |            |  |  |
| Address                       | 10305 NW 41ST SUITE 111                  | Address         | 10305 NW 41ST SUITE 111 |            |  |  |
| City-State-Zip:               | DORAL FL 33178                           | City-State-Zip: | DORAL FL 33178          |            |  |  |

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: ALONSO, JOSE L

MGR

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 24, 2019 Secretary of State 7781630321CC

Certificate of Status Desired: No