

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000045009

**Entity Name:** ONE GROUP FLORIDA, LLC

**Current Principal Place of Business:**

25 SE 2ND AVE.  
SUITE 220  
MIAMI, FL 33131

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC1797548896**

**Current Mailing Address:**

25 SE 2ND AVE.  
SUITE 220  
MIAMI, FL 33131 US

**FEI Number:** 82-1563207

**Certificate of Status Desired:** No

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

INCHAUSTI, OMAR  
25 SE 2ND AVE.  
SUITE 220  
MIAMI, FL 33131 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            INCHAUSTI, OMAR  
Address        25 SE 2ND AVE., SUITE 220  
City-State-Zip: MIAMI FL 33131

*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:** OMAR INCHAUSTI

AMBR

04/30/2018

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

\_\_\_\_\_  
Date