

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000186217

**Entity Name:** CENTURY DIVE LLC

**Current Principal Place of Business:**

7855 NW 29TH ST  
150  
DORAL, FL 33122

**Current Mailing Address:**

7855 NW 29TH ST  
150  
DORAL, FL 33122 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

POSSELT, NICOLAS  
7855 NW 29TH ST  
150  
DORAL, FL 33122 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 NICOLAS, POSSELT  
Address 7855 NW 29TH ST  
150  
City-State-Zip: DORAL FL 33122

Title MGR  
Name BOROWICZ, BOB  
Address 6580 INDIAN CREEK DR  
APT 309  
City-State-Zip: MIAMI BEACH FL 33141

Title MGR  
Name SAAVEDRA, MATIAS  
Address 6355 NW 36TH ST UNIT 503  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title SECRETARY  
Name ONE DEGREE GROUP LLC  
Address 6355 NW 36TH ST  
UNIT 503  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title ASST. SECRETARY  
Name HORMAZABAL, PIA  
Address 888 BRICKELL KEY DR  
UNIT 511  
City-State-Zip: MIAMI FL 33131

Title ASST. SECRETARY  
Name PARADA, CARLOS  
Address 6355 NW 36TH ST  
UNIT 503  
City-State-Zip: VIRGINIA GARDENS FL 33166

*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:** NICOLAS POSSELT

MGR

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date