

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000186217

Entity Name: CENTURY DIVE LLC**Current Principal Place of Business:**6355 NW 36TH ST
UNIT 503
VIRGINIA GARDENS, FL 33166**Current Mailing Address:**6355 NW 36TH ST
UNIT 503
VIRGINIA GARDENS, FL 33166**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POSSELT, NICOLAS
6355 NW 36TH ST
UNIT 503
VIRGINIA GARDENS, FL 33166 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 6355 NW 36TH ST UNIT 503
City-State-Zip: VIRGINIA GARDENS FL 33166

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

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

CEO

07/19/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date