

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000168357

**Entity Name:** GO BUSINESS GROUP, LLC

**Current Principal Place of Business:**

12 STONEHOLM STREET UNIT 520  
BOSTON, MA 02115

**Current Mailing Address:**

12 STONEHOLM STREET UNIT 520  
BOSTON, MA 02115 US

**FEI Number: 36-4905273**

**Certificate of Status Desired: No**

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

ACCOUNTANT & MANAGEMENT, INC.  
1549 NE 123RD ST  
NORTH MIAMI, FL 33161 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 OSORIO DE MORAES, PATRICIA  
Address 12 STONEHOLM STREET UNIT 520  
City-State-Zip: BOSTON MA 02115

Title AMBR  
Name OSORIO DE MORAES, SILVIA M  
Address 12 STONEHOLM STREET UNIT 520  
City-State-Zip: BOSTON MA 02115

Title AMBR  
Name OSORIO DE MORAES, FLAVIO  
Address 12 STONEHOLM STREET UNIT 520  
City-State-Zip: BOSTON MA 02115

Title AMBR  
Name DE MORAES GARCIA, UYLTON C  
Address 12 STONEHOLM STREET UNIT 520  
City-State-Zip: BOSTON MA 02115

*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: PATRICIA OSORIO DE MORAES**

**AMBR**

**03/18/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date