

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000168357

Entity Name: GO BUSINESS GROUP, LLC**Current Principal Place of Business:**500 NORTH ANDREWS AVENUE
UNIT 335
FORT LAUDERDALE, FL 33301**Current Mailing Address:**500 NORTH ANDREWS AVENUE
UNIT 335
FORT LAUDERDALE, FL 33301 US**FEI Number:** 36-4905273**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OSORIO DE MORAES GARCIA, PATRICIA
500 NORTH ANDREWS AVENUE
UNIT 335
FORT LAUDERDALE, FL 33301 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:** PATRICIA OSORIO DE MORAES GARCIA

02/28/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name OSORIO DE MORAES, PATRICIA
Address 500 NORTH ANDREWS AVENUE
UNIT 335
City-State-Zip: FORT LAUDERDALE FL 33301

Title AMBR
Name OSORIO DE MORAES, SILVIA M
Address 500 NORTH ANDREWS AVENUE
UNIT 335
City-State-Zip: FORT LAUDERDALE FL 33301

Title AMBR
Name OSORIO DE MORAES, FLAVIO
Address 500 NORTH ANDREWS AVENUE
UNIT 335
City-State-Zip: FORT LAUDERDALE FL 33301

Title AMBR
Name DE MORAES GARCIA, UYLTON C
Address 500 NORTH ANDREWS AVENUE
UNIT 335
City-State-Zip: FORT LAUDERDALE FL 33301

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 GARCIA**OWNER**

02/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date