

**2023 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

02/24/2023

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:** OSORIO DE MORAES GARCIA , PATRICIA

MEMBER

02/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date