

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000081858

**Entity Name:** OA3 GROUP, LLC**Current Principal Place of Business:**4000 N CYPRESS DR  
APT 206  
POMPANO BEACH, FL 33069**Current Mailing Address:**4000 N CYPRESS DR  
APT 206  
POMPANO BEACH, FL 33069 US**FEI Number:** 84-2835858**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DURAN GROUP & ASSOCIATES, P.A.  
1001 N FEDERAL WHY  
SUITE 355  
HALLANDALE BEACH, FL 33009 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	MGRM
Name	URIBE CHAVES, CIRO A
Address	4000 N CYPRESS DR APT 206
City-State-Zip:	POMPANO BEACH FL 33069

Title	AMBR
Name	URIBE CASTILLO, OSCAR M
Address	4000 N CYPRESS DR APT 206
City-State-Zip:	POMPANO BEACH FL 33069

Title	MBR
Name	CASTILLO DE URIBE, GLORIA A
Address	4000 N CYPRESS DR APT 206
City-State-Zip:	POMPANO BEACH FL 33069

Title	MBR
Name	URIBE CASTILLO, ANDRES M
Address	4000 N CYPRESS DR APT 206
City-State-Zip:	POMPANO BEACH FL 33069

*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:** OSCAR M URIBE CASTILLO**MEMBER****04/30/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date