

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000315991

**Entity Name:** DALTON GROUP INVESTMENT LLC

**Current Principal Place of Business:**

6700 WINKLER RD  
# 3  
FORT MYERS, FL 33919

**Current Mailing Address:**

6700 WINKLER RD  
# 3  
FORT MYERS, FL 33919 US

**FEI Number:** 85-3829660

**Certificate of Status Desired:** No

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

VRILLAUD, GASTON  
6700 WINKLER RD # 7  
FORT MYERS, FL 33919 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:** GASTON VRILLAUD

01/13/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name HOPLITA LLC  
Address 6700 WINKLER RD # 7  
City-State-Zip: FORT MYERS FL 33919

Title AMBR  
Name BGET INVESTMENT LLC  
Address 6700 WINKLER RD # 7  
City-State-Zip: FORT MYERS FL 33919

Title AMBR  
Name DESARROLLOS A&M LLC  
Address 6700 WINKLER RD # 6  
City-State-Zip: FORT MYERS FL 33919

Title AMBR  
Name MAINZ LLC  
Address 6700 WINKLER RD #7  
City-State-Zip: FORT MYERS FL 33919

Title AUTHORIZED MEMBER  
Name GULAM, JORGE A  
Address 6700 WINKLER RD  
# 3  
City-State-Zip: FORT MYERS FL 33919

Title AUTHORIZED MEMBER  
Name BARAGUID, JORGE A  
Address 6700 WINKLER RD  
# 3  
City-State-Zip: FORT MYERS FL 33919

Title AUTHORIZED MEMBER  
Name SURRA, JAVIER  
Address 6700 WINKLER RD  
# 3  
City-State-Zip: FORT MYERS FL 33919

*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:** GONZALO VALDEZ

MEMBER MANAGER

01/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date