### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000461434

Entity Name: SEVEN GROUP LIMITED, LLC

### **Current Principal Place of Business:**

5228 NW 103 AVE DORAL, FL 33178

## **Current Mailing Address:**

PO BOX 669213 DORAL, FL 33166 UN

# FEI Number: 61-2009215

### Name and Address of Current Registered Agent:

ZAMORA, COLON 8050 NW 8TH ST 1108 MIAMI, FL 33126 US Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

| Title           | AMBR               | Title           | AMBR               |
|-----------------|--------------------|-----------------|--------------------|
| Name            | MAZZOLATTI, ADRIAN | Name            | GALLETTI, LUCIANO  |
| Address         | 5228 NW 103 AVE    | Address         | 5228 NW 103 AVE    |
| City-State-Zip: | DORAL FL 33178     | City-State-Zip: | DORAL FL 33178     |
|                 |                    |                 |                    |
| Title           | AMBR               | Title           | AMBR               |
| Name            | PEREZ, LUIS        | Name            | ESPINOSA, LEONARDO |
| Address         | 5228 NW 103 AVE    | Address         | 5228 NW 103 AVE    |
| City-State-Zip: | DORAL FL 33178     | City-State-Zip: | DORAL FL 33178     |
|                 |                    |                 |                    |
| Title           | AMBR               |                 |                    |
| Name            | FRAGA, FACUNDO     |                 |                    |
| Address         | 5228 NW 103 AVE    |                 |                    |
| City-State-Zip: | DORAL FL 33178     |                 |                    |
|                 |                    |                 |                    |

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: MAZZOLATTI, ADRIAN

AMBR

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date