

**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

**Certificate of Status Desired:** No

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

ZAMORA, COLON  
8050 NW 8TH ST  
1108  
MIAMI, FL 33126 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 AMBR  
Name MAZZOLATTI, ADRIAN  
Address 5228 NW 103 AVE  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name GALLETTI, LUCIANO  
Address 5228 NW 103 AVE  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name PEREZ, LUIS  
Address 5228 NW 103 AVE  
City-State-Zip: DORAL FL 33178

Title AMBR  
Name ESPINOSA, LEONARDO  
Address 5228 NW 103 AVE  
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

04/29/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date