

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000030644

**Entity Name:** ZARED GROUP USA LLC

**Current Principal Place of Business:**

1818 SW 1ST AVENUE  
SUITE # 1104  
MIAMI, FL 33129

**FILED**  
**Mar 10, 2023**  
**Secretary of State**  
**6649498367CC**

**Current Mailing Address:**

1818 SW 1ST AVENUE  
SUITE # 1104  
MIAMI, FL 33129 US

**FEI Number:** 87-4648565

**Certificate of Status Desired:** No

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

BOGRAN, OSCAR G  
1818 SW 1ST AVENUE  
SUITE # 1104  
MIAMI, FL 33129 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:** OSCAR G. BOGRAN

03/10/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BOGRAN, OSCAR G  
Address 1818 SW 1ST AVENUE  
SUITE # 1104  
City-State-Zip: MIAMI FL 33129

Title MBR  
Name OSCAR G BOGRAN MEJIA  
Address 1818 SW 1ST AVENUE  
SUITE # 1104  
City-State-Zip: MIAMI FL 33129

Title MBR  
Name NELSY M. BOGRAN MEJIA  
Address 1818 SW 1ST AVENUE  
SUITE # 1104  
City-State-Zip: MIAMI FL 33129

Title MBR  
Name CHRIS A. BOGRAN MEJIA  
Address 1818 SW 1ST AVENUE  
SUITE # 1104  
City-State-Zip: MIAMI FL 33129

Title MBR  
Name JESUS A. BOGRAN MEJIA  
Address 1818 SW 1ST AVENUE  
SUITE # 1104  
City-State-Zip: MIAMI FL 33129

Title AMBR  
Name MEJIA, NELSI D  
Address 1818 SW 1ST AVENUE  
SUITE # 1104  
City-State-Zip: MIAMI FL 33129

*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 G. BOGRAN

AMBR

03/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date