

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000058224

**Entity Name:** 4 CALA GROUP LLC.

**Current Principal Place of Business:**

2873 SW CAFE CT  
PALM CITY, FL 34990

**Current Mailing Address:**

5875 SW LONGSPUR LN  
PALM CITY, FL 34990 UN

**FEI Number:** 88-0615680

**Certificate of Status Desired:** No

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

ARVELO RAMOS, AMAURY  
5875 SW LONGSPUR LN  
PALM CITY, FL 34990 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                 | Title           | MGR                   |
| Name            | ARVELO RAMOS, AMAURY | Name            | SUBIRATS DIAZ, CARINA |
| Address         | 5875 SW LONGSPUR LN  | Address         | 5875 SW LONGSPUR LN   |
| City-State-Zip: | PALM CITY FL 34990   | City-State-Zip: | PALM CITY FL 34990    |

*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:** ARVELO RAMOS, AMAURY

**REGISTER AGENT**

**01/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date