## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L22000274349

Entity Name: LEAN GROUP INVESTMENTS LLC

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

19401 AMBASSADOR CT MIAMI, FL 33179

### **Current Mailing Address:**

PO BOX 2397 SUITE 406 HALLANDALE BEACH, FL 33008 US

## FEI Number: 88-3211034

# Name and Address of Current Registered Agent:

TOLEDANO, ABI 19333 COLLINS AVE SUITE 406 APT 2607 SUNNY ISLES, FL 33160 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	MBR	Title	MBR
Name	HARBOURVIEW II INVESTMENTS LLC	Name	ATOLE 2022 LLC
Address	18911 COLLINS AVE APT 1106	Address	19333 COLLINS AVE
City-State-Zip:	SUNNY ISLES FL 33160	City-State-Zip:	APT 2607 SUNNY ISLES FL 33160
Title	MBR	Title	MBR
Name	POLER TEAM INVESTMENTS LLC	Name	LEVY'S INVESTMENTS LLC
Address	20642 NE 2ND CT	Address	619 NE 193 TERRACE
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	
Title	MGR	Title	MGR
Title Name	MGR TOLEDANO, ABI	Title Name	MGR SAIAS, ISAAC EDUARDO
		Title Name Address	SAIAS, ISAAC EDUARDO 18911 COLLINS AVE
Name	TOLEDANO, ABI 19333 COLLINS AVE APT 2607	Name	SAIAS, ISAAC EDUARDO 18911 COLLINS AVE UNIT 1106
Name Address	TOLEDANO, ABI 19333 COLLINS AVE APT 2607	Name Address	SAIAS, ISAAC EDUARDO 18911 COLLINS AVE UNIT 1106
Name Address City-State-Zip:	TOLEDANO, ABI 19333 COLLINS AVE APT 2607 SUNNY ISLES FL 33160	Name Address	SAIAS, ISAAC EDUARDO 18911 COLLINS AVE UNIT 1106
Name Address City-State-Zip: Title	TOLEDANO, ABI 19333 COLLINS AVE APT 2607 SUNNY ISLES FL 33160 MBR	Name Address	SAIAS, ISAAC EDUARDO 18911 COLLINS AVE UNIT 1106

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: ABI TOLEDANO

MANAGER

02/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Feb 27, 2024 Secretary of State 8324601252CC