

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000424426

**Entity Name:** VENEFACTOR FINANCIAL GROUP LLC

**Current Principal Place of Business:**

3625 NW 82ND AVE  
SUITE 318  
DORAL, FL 33166

**Current Mailing Address:**

3625 NW 82ND AVE  
SUITE 318  
DORAL, FL 33166 US

**FEI Number:** 30-1329999

**Certificate of Status Desired:** No

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

SACONSA GROUP LLC  
3625 NW 82ND AVE  
SUITE 100 K  
DORAL, FL 33166 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 MUDADEL DEBSILLE, JOSE G  
Address 3625 NW 82ND AVE SUITE 318  
City-State-Zip: DORAL FL 33166

Title AMBR  
Name TOBIA ROYE, HECTOR A  
Address 1010 BRICKELL AVE UNIT 3201  
City-State-Zip: DORAL FL 33131

*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:** MUDADEL DEBSILLE , JOSE G

AMBR

04/29/2023

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

\_\_\_\_\_  
Date