

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000433986

**Entity Name:** COMPLEX GROUP 001 LLC

**Current Principal Place of Business:**

2329 PRIMER CIRCLE  
KISSIMMEE, FL 34746

**Current Mailing Address:**

69 PINEHURST AVE  
APT. #3D  
NEW YORK, NY 10033 US

**FEI Number:** 38-4243865

**Certificate of Status Desired:** No

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

FONNEGRA, JUAN SEBASTIAN  
2329 PRIMER CIRCLE  
KISSIMMEE, FL 34746 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 VELEZ, MARTA  
Address 69 PINEHURST AVE, APT. #3D  
City-State-Zip: NEW YORK NY 10033

Title AMBR  
Name FONNEGRA, JUAN SEBASTIAN  
Address 69 PINEHURST AVE, APT. #3D  
City-State-Zip: NEW YORK NY 10033

Title AMBR  
Name FONNEGRA, MIGUEL  
Address 69 PINEHURST AVE, APT. #3D  
City-State-Zip: NEW YORK NY 10033

Title AMBR  
Name FONNEGRA, JUAN CARLOS  
Address 69 PINEHURST AVE, APT. #3D  
City-State-Zip: NEW YORK NY 10033

*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:** JUAN SEBASTIAN FONNEGRA

**MEMBER**

**03/07/2023**

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

\_\_\_\_\_  
Date