

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000496547

**Entity Name:** GRUPO BELLZAM LLC

**Current Principal Place of Business:**

1355 W 44TH PL  
APT 112  
HIALEAH, FL 33012

**Current Mailing Address:**

1355 W 44TH PL  
APT 112  
HIALEAH, FL 33012

**FEI Number:** 92-1181842

**Certificate of Status Desired:** No

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

BELLOSO ZAMBRANO, YOMALIS  
1355 W 44TH PL  
APT 112  
HIALEAH, FL 33012 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 BELLOSO ZAMBRANO, YOMALIS  
Address 1355 W 44TH PL APT 112  
City-State-Zip: HIALEAH FL 33012

Title AMBR  
Name BELLOSO ZAMBRANO, RAFAEL A  
Address 1355 W 44TH PL APT 112  
City-State-Zip: HIALEAH FL 33012

Title MANAGER  
Name ZAMBRANO CAUSADO, MIRIAN D  
Address 1420 NE MIAMI PL APT 101  
City-State-Zip: MIAMI FL 33132

Title MANAGER  
Name BELLOSO MATA, RAFAEL A  
Address 1420 NE MIAMI PL APT 101  
City-State-Zip: MIAMI FL 33132

*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:** BELLOSO ZAMBRANO , YOMALIS

AMBR

03/07/2023

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

\_\_\_\_\_  
Date