

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000017877

**Entity Name:** METROPOLITAN CAPITAL GROUP LLC

**Current Principal Place of Business:**

18975 COLLINS AVE #1801  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

260 FRANKLIN ST STE 900  
BOSTON, MA 02110

**FEI Number:** 92-0902874

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 MGR  
Name COHEN, JEFFREY  
Address 18975 COLLINS AVE #1801  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MBR  
Name COHEN, JEFFREY  
Address 18975 COLLINS AVE #1801  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AP  
Name COHEN, ARIEL  
Address 18975 COLLINS AVE #1801  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AP  
Name MUN, WYNNE  
Address 18975 COLLINS AVE #1801  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** JEFFREY COHEN

**MANAGER**

**03/29/2023**

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

\_\_\_\_\_  
Date