

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000097976

**Entity Name:** CNSGROUP MANAGEMENT, LLC

**Current Principal Place of Business:**

10095 SW 88TH STREET,  
SUITE 103  
MIAMI, FL 33176

**Current Mailing Address:**

PO BOX 430885  
MIAMI, FL 33243-0885 US

**FEI Number: 26-1179038**

**Certificate of Status Desired:** No

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

IBARS, GEORGE C  
6200 SW 72 STREET, SUITE 403  
SOUTH MIAMI, FL 33143 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 IBARS, GEORGE C  
Address 6200 SW 72 STREET  
403  
City-State-Zip: SOUTH MIAMI FL 33143

Title MGR  
Name TRAINA, JOSEPH A  
Address 6200 SW 72 STREET  
403  
City-State-Zip: SOUTH MIAMI FL 33143

Title MGR  
Name PRATS, ANTONIO R  
Address 3661 SOUTH MIAMI AVE  
605  
City-State-Zip: MIAMI FL 33133

Title MGR  
Name ACEBAL, PABLO J  
Address 10095 SW 88TH STREET,  
SUITE 103  
City-State-Zip: MIAMI FL 33176

*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: GEORGE C. IBARS**

**MGR**

**03/17/2022**

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

\_\_\_\_\_  
Date