

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000210368

Entity Name: S-M BARON GROUP, LLC**Current Principal Place of Business:**4610 34TH AVENUE
VERO BEACH, FL 32967**Current Mailing Address:**4814 ASHLEY LAKE CIRCLE
VERO BEACH, FL 32967 US**FEI Number:** 84-2836398**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCGILBERRY, TIMOTHY SR.
4814 ASHLEY LAKE CIRCLE
VERO BEACH, FL 32967 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:** TIMOTHY MCGILBERRY, SR. - CPA, CGMA

06/28/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT	Title	AUTHORIZED REPRESENTATIVE
Name	KIM, JONATHAN	Name	MCGILBERRY, TIMOTHY SR.
Address	PO BOX 650946	Address	4814 ASHLEY LAKE CIRCLE
City-State-Zip:	VERO BEACH FL 32965	City-State-Zip:	VERO BEACH FL 32967
Title	MANAGER	Title	CFO
Name	STEWART, JA'MARIO LEVON	Name	PATEL, MICHAEL
Address	PO BOX 650946	Address	PO BOX 650946
City-State-Zip:	VERO BEACH FL 32965	City-State-Zip:	VERO BEACH FL 32965
Title	COO	Title	VP
Name	SHAW, RUTHERFORD	Name	STEWART, MELISSA A.
Address	PO BOX 650946	Address	P.O. BOX 650946
City-State-Zip:	VERO BEACH FL 32965	City-State-Zip:	VERO BEACH FL 32965

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: STEWART , JA'MARIO LEVON

MANAGER

06/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date