

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000307016

**Entity Name:** MZS RE GROUP, LLC

**Current Principal Place of Business:**

309 S FREMONT AVE  
APT 2  
TAMPA, FL 33606

**FILED**  
**Apr 10, 2023**  
**Secretary of State**  
**7775449194CC**

**Current Mailing Address:**

309 S FREMONT AVE  
APT 2  
TAMPA, FL 33606 US

**FEI Number: 88-3623070**

**Certificate of Status Desired: No**

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

ZAVERI, SHAILESH  
309 S FREMONT AVE  
APT 2  
TAMPA, FL 33606 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            SADDHU, LLC  
Address        309 S FREMONT AVE UNIT 2  
City-State-Zip: TAMPA FL 33609

*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: SHAILESH ZAVERI**

**MANAGER**

**04/10/2023**

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

\_\_\_\_\_  
Date