

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000018291

**Entity Name:** 6341, LLC**Current Principal Place of Business:**2614 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134**Current Mailing Address:**2614 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134**FEI Number:** 20-2734433**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SACHER, CHARLES P  
2655 LEJEUNE ROAD, SUITE 1101  
CORAL GABLES, FL 33134 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	NG, ALLAN
Address	2614 PONCE DE LEON BLVD.
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	NG, BETTY W.K.
Address	2614 PONCE DE LEON BLVD.
City-State-Zip:	CORAL GABLES FL 33134

Title	MGRM
Name	NG, ABE
Address	2614 PONCE DE LEON BLVD.
City-State-Zip:	CORAL GABLES FL 33134

Title	MGRM
Name	NG, IVA
Address	2614 PONCE DE LEON BLVD.
City-State-Zip:	CORAL GABLES FL 33134

Title	AUTHORIZED REPRESENTATIVE
Name	HO SANG, STEVE
Address	2614 PONCE DE LEON BLVD.
City-State-Zip:	CORAL GABLES FL 33134

*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:** IVA NG**MGRM****03/27/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date