## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L04000029285

## Entity Name: 344 INVESTMENTS LLC

### **Current Principal Place of Business:**

3850 BIRD RD STE. 903 CORAL GABLES, FL 33146

## **Current Mailing Address:**

3850 BIRD RD STE. 903 CORAL GABLES, FL 33146 US

## FEI Number: 33-1089809

## Name and Address of Current Registered Agent:

DE LA CRUZ, LUIS F 3850 BIRD RD STE. 903 CORAL GABLES, FL 33146 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

# Authorized Person(s) Detail :

|  | Title           | MGR                      | Title           | MGR   |
|--|-----------------|--------------------------|-----------------|---|
|  | Name            | DE LA CRUZ, LUIS F       | Name            | FELPETO, ANA MARIA                            |
|  | Address         | 3850 BIRD RD<br>STE. 903 | Address         | 3850 BIRD RD<br>STE. 903                      |
|  | City-State-Zip: | CORAL GABLES FL 33146    | City-State-Zip: | CORAL GABLES FL 33146                         |
|  |                 |                          |                 |   |
|  | Title           | MGR                      | Title           | MGR   |
|  | Name            |                          |                 |   |
|  | Name            | DE LA CRUZ, GLORIOSA     | Name            | ARRIAGA, CARLOS A                             |
|  | Address         | 3850 BIRD RD<br>STE. 903 | Name<br>Address | ARRIAGA, CARLOS A<br>3850 BIRD RD<br>STE. 903 |
|  |                 | 3850 BIRD RD             |                 | 3850 BIRD RD                                  |

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.

MGR

# SIGNATURE: LUIS F DE LA CRUZ

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 13, 2022 Secretary of State 8086451210CC

Certificate of Status Desired: Yes

Date