

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000174458

Entity Name: 9465 HS LLC

Current Principal Place of Business:

C/O. C MONTE
14851 WIND RIVER DRIVE
WEST PALM BEACH, FL 33418

Current Mailing Address:

C/O P MONTE
14851 WIND RIVER DRIVE
WEST PALM BEACH, FL 33418 US

FEI Number: 81-3951272

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTE, CAROL
C/O P MONTE
14851 WIND RIVER DRIVE
WEST PALM BEACH, FL 33418 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 MONTE, PAUL J
Address C/O. C MONTE
14851 WIND RIVER DRIVE
City-State-Zip: WEST PALM BEACH FL 33418

Title AMBR
Name MONTE, CAROL
Address C/O P MONTE
14851 WIND RIVER DRIVE
City-State-Zip: WEST PALM BEACH FL 33418

Title AUTHORIZED REP
Name MONTE, SEBASTIAN P II
Address C/O. C MONTE
14851 WIND RIVER DRIVE
City-State-Zip: WEST PALM BEACH FL 33418

Title AUTHORIZED REP
Name DI CAMILLO, SABENA T
Address C/O. C MONTE
14851 WIND RIVER DRIVE
City-State-Zip: WEST PALM BEACH FL 33418

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: CAROL MONTE

AMBASSADOR

04/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date