

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000208617

Entity Name: HITS ARMS LLC**Current Principal Place of Business:**36 NE 1ST STREET
424
MIAMI, FL 33142**Current Mailing Address:**36 NE 1ST STREET
424
MIAMI, FL 33142 24**FEI Number:** 83-1799565**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOLDES, RAUL
36 NE 1ST STREET
424
MIAMI, FL 33142 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 MOLDES, RAUL
Address 36 NE 1ST STREET STE 424
City-State-Zip: MIAMI FL 33132Title AMBR
Name MOLDES, KATHERINE
Address 36 NE 1ST STREET STE 424
City-State-Zip: MIAMI FL 33132Title AMBR
Name MOLDES, RAUL
Address 36 NE 1ST STREET STE 424
City-State-Zip: MIAMI FL 33132Title AMBR
Name ROJAS, LUZ P
Address 36 NE 1ST STREET STE 424
City-State-Zip: MIAMI FL 33132

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: RAUL MOLDES**PRESIDENT****02/03/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date