## 2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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

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: RAUL MOLDES 01/18/2024

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title **AMBR** 

Name MOLDES, RAUL Name MOLDES, KATHERINE

36 NE 1ST STREET STE 424 Address 36 NE 1ST STREET STE 424 Address

MIAMI FL 33132 City-State-Zip: MIAMI FL 33132 City-State-Zip:

**AMBR** Title **AMBR** Title

Name ROJAS, LUZ P MOLDES, RAUL Name

36 NE 1ST STREET STE 424 Address 36 NE 1ST STREET STE 424 Address

City-State-Zip: MIAMI FL 33132 City-State-Zip: MIAMI FL 33132

01/18/2024 SIGNATURE: RAUL MOLDES **PRESIDENT** 

**FILED** Jan 18, 2024

**Secretary of State** 

9596964146CR

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.