

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000194115

Entity Name: 6PS INVESTORS LLC**Current Principal Place of Business:**19186 NW 33CT
MIAMI GARDEN, FL 33056**Current Mailing Address:**19186 NW 33CT
MIAMI GARDEN, FL 33056 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**POWELL, MAURICE
19186 NW 33CT
MIAMI GARDEN, FL 33056 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	POWELL, MAURICE
Address	19186 NW 33CT
City-State-Zip:	MIAMI GARDEN FL 33056

Title	AMBR
Name	HOFFMANNPOWELL, JUTTA
Address	2622 MADISON ST
City-State-Zip:	HOLLYWOOD FL 33020

Title	AMBR
Name	POWELL, SONJA
Address	2622 MADISON ST
City-State-Zip:	HOLLYWOOD FL 33020

Title	AMBR
Name	POWELL, XENIA
Address	2622 MADISON
City-State-Zip:	HOLLYWOOD FL 33020

Title	AMBR
Name	POWELL, TESSA
Address	2622 MADISON
City-State-Zip:	HOLLYWOOD FL 33020

Title	AMBR
Name	POWELL, FABIO
Address	2622 MADISON
City-State-Zip:	HOLLYWOOD FL 33020

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: MAURICE W POWELL

AMBR

04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date