

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000303015

**Entity Name:** SIX PACK MHB LLC

**Current Principal Place of Business:**

8310 NW 166 TERRACE  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

8310 NW 166 TERRACE  
MIAMI LAKES, FL 33016

**FEI Number: 88-3193308**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOOD, KRISTINA M  
8310 NW 166 TERRACE  
MIAMI LAKES, FL 33016 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 AR  
Name MONTES, JOSE A  
Address 7041 TORPHIN PLACE  
City-State-Zip: MIAMI LAKES FL 33014

Title AR  
Name BLANCO, ORLANDO  
Address 15941 DORNOCH ROUND  
City-State-Zip: MIAMI LAKES FL 33014

Title AR  
Name MONTES, MILAGROS  
Address 7041 TORPHIN PLACE  
City-State-Zip: MIAMI LAKES FL 33014

Title AR  
Name BLANCO, MELISSA  
Address 15941 DORNOCH ROUND  
City-State-Zip: MIAMI LAKES FL 33014

Title AR  
Name HOOD, MICHAEL A  
Address 8310 NW 166 TERRACE  
City-State-Zip: MIAMI LAKES FL 33016

*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: JOSE MONTES**

**OFFICER**

**01/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date