

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014719

Entity Name: 3439 EAGLE PASS, LLC

Current Principal Place of Business:

2066 JAMESON AVENUE
NORTH PORT, FL 34286

Current Mailing Address:

2066 JAMESON AVE
NORTH PORT, FL 34286 US

FEI Number: 26-4212434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PASHTENKO, VALENTIN H
2066 JAMESON AVENUE
NORTH PORT, FL 34286 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: VALENTIN H, PASHTENKO

04/10/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name PASHTENKO, VALENTIN H
Address 2066 JAMESON AVENUE
City-State-Zip: NORTH PORT FL 34286

Title AUTHORIZED MEMBER, MANAGER
Name PASHTENKO, NINA
Address 2066 JAMESON AVENUE
City-State-Zip: NORTH PORT FL 34286

Title MANAGER
Name PASHTENKO , PETER PHILLIP
Address 2066 JAMESON AVE
City-State-Zip: NORTH PORT FL 34286

Title MANAGER
Name PASHTENKO, PHILLIP ANDREW
Address 2066 JAMESON AVE
City-State-Zip: NORTH PORT FL 34286

Title MANAGER
Name PASHTENKO, ANDREW NIKOFOR
Address 2066 JAMESON AVE
City-State-Zip: NORTH PORT FL 34286

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: VALENTIN PASHTENKO

MANAGER

04/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date