

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000099060

**Entity Name:** 1442-1446 INVESTMENT, LLC

**Current Principal Place of Business:**

3052 LINDA VISTA AVE.  
FORT PIERCE, FL 34982

**Current Mailing Address:**

P.O. BOX 650996  
VERO BEACH, FL 32965 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SANTORO, CHRISTOPHER  
3052 LINDA VISTA AVE.  
FORT PIERCE, FL 34982 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           | MGRM                  | Title           | MGRM                 |
| Name            | SANTORO, LARA         | Name            | SANTORO, CHRISTOPHER |
| Address         | 3052 LINDA VISTA AVE. | Address         | 3052 LINDA VISTA AVE |
| City-State-Zip: | FORT PIERCE FL 34982  | City-State-Zip: | FORT PIERCE FL 34982 |

*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:** LARA SANTORO

**MANG MEMBER**

**04/04/2019**

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

\_\_\_\_\_  
Date