

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000087413

Entity Name: 6IX BROTHERS SERVICES LLC**Current Principal Place of Business:**13501 NE 1 AVE
MIAMI, FL 33161**Current Mailing Address:**13501 NE 1 AVE
MIAMI, FL 33161 US**FEI Number:** 83-1189029**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIERRE-LOUIS, ALEX
13501 NE 1 AVE
MIAMI, FL 33161 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:** ALEX PIERRE-LOUIS

08/06/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name PIERRE-LOUIS, ALEX
Address 13501 NE 1ST AVE
City-State-Zip: MIAMI FL 33161

Title VP
Name ST. LOUIS, JEFFREY
Address 50N UNIVERSITY DRIVE
City-State-Zip: PEMBROKE PINES FL 33024

Title DIR
Name PEREZ, WALTER J
Address 3828 SW 48 AVE
City-State-Zip: PEMBROKE PINES FL 33023

Title DIR
Name GIL, ELIEZER
Address 3828 SW 48 AVE
City-State-Zip: PEMBROKE PINES FL 33023

Title DIR
Name ESCARMANT, WADNER
Address 13025 NW 13 AVE
City-State-Zip: MIAMI FL 33167

Title DIR
Name RANDLE, RESHAD A
Address 21251 SAN SIMEON WAY
APT. 306
City-State-Zip: MIAMI FL 33179

Title DIRECTOR
Name RAMEAU, SERGE
Address 7601 E TREASURE DRIVE
City-State-Zip: NORTH BAY VILLAGE FL 33141

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: ALEX PIERRE-LOUIS

PRES

08/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date