

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087534

**Entity Name:** 923 SE 9TH TERRACE, LLC

**Current Principal Place of Business:**

923 SE 9TH TERRACE  
CAPE CORAL, FL 33990

**Current Mailing Address:**

P. O. BOX 150877  
CAPE CORAL, FL 33915

**FEI Number:** 27-0982924

**Certificate of Status Desired:** No

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

HARGROVE, JAMES  
923 SE 9TH TERRACE  
CAPE CORAL, FL 33990 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  
Name HARGROVE, JAMES  
Address 923 SE 9TH TERRACE  
City-State-Zip: CAPE CORAL FL 33990

Title MGRM  
Name HARGROVE, THOMAS  
Address 417 CORAL DRIVE  
City-State-Zip: CAPE CORAL FL 33904

*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:** JAMES HARGROVE

MGRM

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date