

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000117514

**Entity Name:** AFT 09, LLC

**Current Principal Place of Business:**

8005 NW 90 STREET  
MEDLEY, FL 33166

**Current Mailing Address:**

8005 NW 90 STREET  
MEDLEY, FL 33166

**FEI Number:** 27-1483396

**Certificate of Status Desired:** Yes

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

NG, ABE  
8005 NW 90 STREET  
MEDLEY, FL 33166 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 NG, ABE  
Address 8005 NW 90 STREET  
City-State-Zip: MEDLEY FL 33166

Title MGRM  
Name NG, BETTY  
Address 8005 NW 90 STREET  
City-State-Zip: MEDLEY FL 33166

Title MGRM  
Name NG, ALLAN  
Address 8005 NW 90 STREET  
City-State-Zip: MEDLEY FL 33166

Title MGRM  
Name NG, IVA  
Address 8005 NW 90 STREET  
City-State-Zip: MEDLEY FL 33166

*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:** IVA NG

MGRM

03/24/2017

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

\_\_\_\_\_  
Date