

2014 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: No

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

03/31/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date