

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000073276

Entity Name: 9066 SW 1809, LLC

Current Principal Place of Business:

4700 SW 80TH STREET
MIAMI, FL 33143

Current Mailing Address:

4700 SW 80TH STREET
MIAMI, FL 33143 US

FEI Number: 45-3303480

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAROLINA, CABELLO
4700 SW 80TH STREET
MIAMI, FL 33143 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: CAROLINA CABELLO BRITO

03/19/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---------------------|-----------------|---------------------|
| Title | MGR | Title | MGR |
| Name | CABELLO, CAROLINA | Name | CABELLO, ANABELLA |
| Address | 4700 SW 80TH STREET | Address | 4700 SW 80TH STREET |
| City-State-Zip: | MIAMI FL 33143 | City-State-Zip: | MIAMI FL 33143 |
| | | | |
| Title | MGR | | |
| Name | CABELLO, MARIA C | | |
| Address | 4700 SW 80TH STREET | | |
| City-State-Zip: | MIAMI FL 33143 | | |

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: CAROLINA CABELLO

MANAGER

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date