

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000012807

Entity Name: 9612 GINGER CT LLC**Current Principal Place of Business:**14401 BLACK QUILL DR.
WINTER GARDEN, FL 34787**Current Mailing Address:**14401 BLACK QUILL DR.
WINTER GARDEN, FL 34787 US**FEI Number:** 46-2491329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WORLDWIDE CORPORATE ADMINISTRATORS
2330 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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:** JANICE CAYON

02/11/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GHARIBE, ROBERTO
Address 14401 BLACK QUILL DR.
City-State-Zip: WINTER GARDEN FL 34787

Title MGR
Name GHARIBE, GABRIEL
Address 14401 BLACK QUILL DR.
City-State-Zip: WINTER GARDEN FL 34787

Title MGR
Name GHARIBE, JOSE
Address 14401 BLACK QUILL DR.
City-State-Zip: WINTER GARDEN FL 34787

Title MGR
Name GHARIBE, IVETTE
Address 14401 BLACK QUILL DR.
City-State-Zip: WINTER GARDEN FL 34787

Title MGR
Name DE ARI, ELENA
Address 14401 BLACK QUILL DR.
City-State-Zip: WINTER GARDEN FL 34787

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: GHARIBE , ROBERTO

MGR

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date