

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000097024

Entity Name: NAPOLI NINE LLC**Current Principal Place of Business:**2100 SALZEDO STREET
SUITE 300
CORAL GABLES, FL 33134**Current Mailing Address:**2100 SALZEDO STREET
SUITE 300
CORAL GABLES, FL 33134 US**FEI Number:** 45-4994020**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARAZOZA & FERNANDEZ-FRAGA P.A.
2100 SALZEDO STREET
SUITE 300
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:** CARLOS F. ARAZOZA

03/28/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	NAPOLI, MARCELO LUIS
Address	ALEM 388, PISO 5TO, APT "B" LOMAS DE ZAMORA
City-State-Zip:	PROVINCIA DE BUENOS AIRES 1832

Title	MGR
Name	NAPOLI, LAURA
Address	ALEM 388, PISO 5TO, APT "B" LOMAS DE ZAMORA
City-State-Zip:	PROVINCIA DE BUENOS AIRES 1832

Title	MGR
Name	NAPOLI, MARCELO RAFAEL
Address	ALEM 388, PISO 5TO, APT "B" LOMAS DE ZAMORA
City-State-Zip:	PROVINCIA DE BUENOS AIRES 1932

Title	MGR
Name	PEREZ, VILMA VELIA
Address	ALEM 388, PISO 5TO, APT "B" LOMAS DE ZAMORA
City-State-Zip:	PROVINCIA DE BUENOS AIRES 1832

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: NAPOLI, MARCELO LUIS

MGR

03/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date