# SIGNATURE: SOFIA VILLANUEVA LAMAS

Electronic Signature of Signing Authorized Person(s) Detail

#### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000110417

Entity Name: 9229 CUTLER CAY, LLC

#### **Current Principal Place of Business:**

10 NW 42 AVENUE SUITE 700 MIAMI, FL 33126

#### **Current Mailing Address:**

10 NW 42 AVENUE SUITE 700 MIAMI, FL 33126

# FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

VILLANUEVA LAMAS, SOFIA 10 NW 42 AVENUE SUITE 700 MIAMI, FL 33126 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:

# Authorized Person(s) Detail ·

Authorized Person(s) Detail :						
Title	MGRM	Title	MGRM			
Name	VILLANUEVA LAMAS, SOFIA	Name	VILLANUEVA LAMAS, GABRIEL			
Address	10 NW 42 AVENUE, SUITE 700	Address	10 NW 42 AVENUE, SUITE 700			
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126			

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.

ting name appears above, or	on un unu	onnone mar an	nponoiou.
	A \/II I		 c

MMGR

Certificate of Status Desired: No

# FILED Jan 29, 2014 Secretary of State CC1151866822

01/29/2014

Date