that my name appears above, or on an attachment with all other like empowered. SIGNATURE: SOFIA WESTON

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

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: SOFIA WESTON Electronic Signature of Registered Agent

Authorized Person(s) Detail ·

Autionzeu Person(s) Detail .			
Title	MGRM	Title	MGRM
Name	WESTON, SOFIA	Name	VILLANUEVA LAMAS, GABRIEL
Address	1172 SOUTH DIXIE HWY #606	Address	1172 SOUTH DIXIE HWY #606
City-State-Zip:	CORAL GABLES FL 33146	City-State-Zip:	CORAL GABLES FL 33146

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.

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000110417

Entity Name: 9229 CUTLER CAY, LLC

Current Principal Place of Business:

1172 SOUTH DIXIE HWY #606 CORAL GABLES, FL 33146

Current Mailing Address:

1172 SOUTH DIXIE HWY #606 CORAL GABLES, FL 33146 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

WESTON, SOFIA 1172 SOUTH DIXIE HWY #606 CORAL GABLES, FL 33146 US

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

SOFIA WESTON

04/14/2016

04/14/2016

Date

FILED Apr 14, 2016 Secretary of State CC8765953867

Certificate of Status Desired: No