

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000174469

**Entity Name:** AJY NINE L.L.C.

**Current Principal Place of Business:**

19234 FISHER ISLAND DRIVE  
MIMI, FL 33149

**Current Mailing Address:**

2655 LEJEUNE ROAD  
316  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-4795568

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLORIDA COMPANY REGISTRY INC  
2655 LEJEUNE ROAD  
SUITE 316  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name YANEZ\_GARCIA, ALEJANDRO J  
Address 19234 FISHER ISLAND DRIVE  
City-State-Zip: MIAMI FL 33149

Title MGR  
Name GARCIA YANEZ, GABRIELA  
Address 19234 FISHER ISLAND DRIVE  
City-State-Zip: MIAMI, FL 33149

Title AUTHORIZED REPRESENTATIVE  
Name FREED, OWEN S  
Address 10 EDGEWATER DRIVE, #4C  
City-State-Zip: CORAL GABLES FL 33133

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:** OWEN S. FREED

**AUTH. REPRESENTATIVE** 01/22/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date