

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000083467

**Entity Name:** 9189AW, LLC

**Current Principal Place of Business:**

9189 ASTONIA WAY  
FT MYERS,, FL 33697

**Current Mailing Address:**

14 LYNDON PLACE  
MELVILLE, NY 11747 US

**FEI Number:** 46-5761864

**Certificate of Status Desired:** No

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

BANG, THERESA  
9189 ASTONIA WAY  
FT MYERS, FL 33967 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            AMBR  
Name            BANG, THERESA  
Address        9189 ASTONIA WAY  
City-State-Zip: FT MYERS FL 33967

*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:** THERESA BANG

AMBR

03/07/2016

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

\_\_\_\_\_ Date