

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000194734

**Entity Name:** DUPLEX 900 LLC

**Current Principal Place of Business:**

44 WEST FLAGLER ST  
SUITE 2300  
MIAMI, FL 33130

**Current Mailing Address:**

44 WEST FLAGLER ST  
SUITE 2300  
MIAMI, FL 33130 US

**FEI Number:** 47-5613872

**Certificate of Status Desired:** No

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

ATRIUM CPA  
44 WEST FLAGLER STREET SUITE 2300  
MIAMI, FL 33130 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:** ALINE DARMOUNI

02/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	BEN SOUSSAN, LAURENT	Name	SPORTICH, THIERRY
Address	44 WEST FLAGLER ST SUITE 2300	Address	44 WEST FLAGLER ST SUITE 2300
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

*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:** BEN SOUSSAN , LAURENT

MGR

02/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date