

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000199467

**Entity Name:** 10315 NW 9 ST CIR UNIT 503 LLC

**Current Principal Place of Business:**

2820 SW 100 AVE  
MIAMI, FL 33165

**Current Mailing Address:**

2820 SW 100 AVE  
MIAMI, FL 33165

**FEI Number:** 81-1285646

**Certificate of Status Desired:** No

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

AMORIN, EDUARDO A  
2820 SW 100 AVE  
MIAMI, FL 33165 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                              | Title           | MGR              |
| Name            | AMORIN, EDUARDO A                | Name            | AMORIN, CARMEN L |
| Address         | 2820 SW 100 AVE                  | Address         | 2820 SW 100 AVE  |
| City-State-Zip: | MIAMI FL 33165                   | City-State-Zip: | MIAMI FL 33165   |
|                 |                                  |                 |                  |
| Title           | MGR                              |                 |                  |
| Name            | AMORIN, ORLANDO L                |                 |                  |
| Address         | 7330 OCEAN TERRACE<br>UNIT #2302 |                 |                  |
| City-State-Zip: | MIAMI BEACH FL 33141             |                 |                  |

*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:** EDUARDO A. AMORIN

MGR

03/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date