

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000119203

**Entity Name:** AVENTURA WELLNESS 9 LLC

**Current Principal Place of Business:**

150 SE 2ND AVENUE  
SUITE 800  
MIAMI, FL 33131

**Current Mailing Address:**

601 BRICKELL KEY DRIVE  
SUITE 901  
MIAMI, FL 33131 US

**FEI Number:** 81-2999627

**Certificate of Status Desired:** No

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

DRUMMOND CPA, LLC  
601 BRICKELL KEY DRIVE  
SUITE 901  
MIAMI, FL 33131 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:** MICHEL DE AMORIM

04/30/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, PRESIDENT AND  
                  SECRETARY  
Name           MELO, PAULO  
Address        150 SE 2ND AVENUE  
                  SUITE 800  
City-State-Zip: MIAMI FL 33131

Title           MANAGER, VICE PRESIDENT AND  
                  TREASURER  
Name           CABRAL, SILVIA  
Address        150 SE 2ND AVENUE  
                  SUITE 800  
City-State-Zip: MIAMI FL 33131

*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:** PAULO MELO

MANAGER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date