

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