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: ORLANDO AMORIN	MGR	03/27/2019			

Electronic Signature of Signing Authorized Person(s) Detail

2019 FLORIDA LIMITED LIABILITY COMPANY ANNU	JAL REPORT

DOCUMENT# L17000017596

Entity Name: 10315 NW 9 STREET CIRCLE UNIT 305, LLC

## **Current Principal Place of Business:**

2820 SW 100 AVENUE MIAMI, FL 33165

## **Current Mailing Address:**

2820 SW 100 AVENUE MIAMI, FL 33165 US

## FEI Number: 81-5131490

## Name and Address of Current Registered Agent:

AMORIN, ORLANDO L 7330 OCEAN TERRACE **UNIT 2302** MIAMI BEACH, FL 33141 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		03/27/2019			
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MANAGER	Title	AMBR		
Name	AMORIN, CARMEN L	Name	AMORIN, ORLANDO L		
Address	2820 SW 100 AVENUE	Address	7330 OCEAN TERRACE		
City-State-Zip: MI	MIAMI FL 33165		UNIT 2302		
		City-State-Zip:	MIAMI BEACH FL 33141		

Certificate of Status Desired: No

Mar 27, 2019 Secretary of State 1153391829CC

FILED

Date