2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000284091

Entity Name: 2509 NW 9TH CT, LLC

Current Principal Place of Business:

720 ISLE OF PALMS DRIVE FORT LAUDERDALE, FL 33301

Current Mailing Address:

720 ISLE OF PALMS DRIVE FORT LAUDERDALE, FL 33301 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

QUARTERMAN, LISA M 20 ISLE OF PALMS DRIVE FORT LAUDERDALE, FL 33301 US FILED Mar 06, 2024 Secretary of State 9705620285CC

Certificate of Status Desired: Yes

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 | |
|--|--|
| | |

Authorized Person(s) Detail :

| Title | MGR | Title | AP |
|-----------------|---------------------------------------|-----------------|--------------------------|
| Name | QUARTERMAN, LISA M | Name | WEBBER, EVE |
| Address | 720 ISLE OF PALMS DRIVE | Address | 720 ISLE OF PALMS DRIVE |
| City-State-Zip: | FORT LAUDERDALE FL 33301 | City-State-Zip: | FORT LAUDERDALE FL 33301 |
| | | | |
| | | | |
| Title | AP | | |
| Title Name | AP LANDRUM, LORI | | |
| | | | |
| Name | LANDRUM, LORI 3060 PEACHTREE RD NW | | |

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: LISA M QUARTERMAN

AGENT

Date

Electronic Signature of Signing Authorized Person(s) Detail