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: REINALDO COLINAS	AMBR	04/15/2024		

SIGNAT		COLINAS

I

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: REINALDO COLINAS Electronic Signature of Registered Agent

Title	AMBR	Title	AMBR
Name	COLINAS, REINALDO A	Name	COLINA, ISABEL
Address	15456 SW 32TH TERR	Address	15456 SW 32TH TERR
City-State-Zip:	MIAMI FL 33185	City-State-Zip:	MIAMI FL 33185

Α

Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	COLINAS, REINALDO A	Name	COLINA, ISABEL	
Address	15456 SW 32TH TERR	Address	15456 SW 32TH TERR	
City-State-Zip:	MIAMI FL 33185	City-State-Zip:	MIAMI FL 33185	

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.

Name and Address of Current Registered Agent:

COLINAS, REINALDO A 15456 SW 32TH TERR MIAMI, FL 33185 US

DOCUMENT# L22000060890 Entity Name: 4550 NW 9 ST UNIT 102E LLC

Current Principal Place of Business:

15456 SW 32TH TERR MIAMI, FL, FL 33185

Current Mailing Address:

15456 SW 32TH TERR MIAMI, FL 33185 US

FEI Number: 92-1730984

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

Date

FILED Apr 15, 2024 Secretary of State 3982623507CC

> 04/15/2024 Date