

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000502292

**Entity Name:** 1617 NE 9TH ST LLC

**Current Principal Place of Business:**

1617 NE 9TH ST  
FORT LAUDERALE, FL 33304

**Current Mailing Address:**

2342 THOMAS ST  
SUITE 1109  
HOLLYWOOD, FL 33020 US

**FEI Number:** 93-4862470

**Certificate of Status Desired:** No

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

TIRADO, ALEX  
2655 LE JEUNE RD  
SUITE 1109  
CORAL GABLES, FL 33134 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name ELLIS, DANIEL  
Address 2342 THOMAS ST  
City-State-Zip: HOLLYWOOD FL 33020

Title MGR  
Name RAKINE, HUSSEIN  
Address 2342 THOOMAS ST  
City-State-Zip: HOLLYWOOD FL 33020

Title AMBR  
Name SOHAIL MITHA REVOCABLE TRUST  
Address 2342 THOMAS ST  
City-State-Zip: HOLLYWOOD FL 33020

Title AMBR  
Name HASSAN RAKINE REVOCABLE TRUST  
Address 2342 THOMAS ST  
City-State-Zip: HOLLYWOOD FL 33020

Title AMBR  
Name HUSSEIN RAKINE REVOCABLE TRUST  
Address 2342 THOMAS ST  
City-State-Zip: HOLLYWOOD FL 33020

Title AMBR  
Name ALI RAKINE REVOCABLE TRUST  
Address 2342 THOMAS ST  
City-State-Zip: HOLLYWOOD FL 33020

*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:** ALI RAKINE

**MANAGER**

**04/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date