

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000003356

Entity Name: UHIL 9, LLC

**Current Principal Place of Business:**

2727 N. CENTRAL AVENUE  
PHOENIX, AZ 85004

**Current Mailing Address:**

2721 N. CENTRAL AVENUE  
PHOENIX, AZ 85004 US

FEI Number: 20-2848951

Certificate of Status Desired: No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**7682233285CC**

*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 SHOEN, EDWARD J  
Address 2727 N. CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title MGR  
Name TAYLOR, JOHN C  
Address 2727 N. CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title MANAGER  
Name BERG, JASON A  
Address 2727 N. CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title MANAGER  
Name DUVA, VICTOR A  
Address 1209 ORANGE STREET  
City-State-Zip: WILMINGTON DE 19801

Title MANAGER  
Name PIERRO, LISA M  
Address 1209 ORANGE STREET  
City-State-Zip: WILMINGTON DE 19801

Title SECRETARY  
Name SETTLES, JENNIFER M  
Address 2721 N. CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title ASST. SECRETARY  
Name AVRAHAM, RAPHAEL J  
Address 2721 N CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

Title ASST. SECRETARY  
Name WINKELMAN, STEPHEN R  
Address 2721 N CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004

**Continues on page 2**

*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: JOHN C TAYLOR

MANAGER

04/18/2019

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

\_\_\_\_\_ Date

**Authorized Person(s) Detail Continued :**

Title ASST. TREASURER  
Name BRIDGEMAN, TOBIAS C  
Address 5555 KIETZKE LANE #100  
City-State-Zip: RENO NV 89511

Title ASST. TREASURER  
Name HARTE, KEVIN J  
Address 5555 KIETZKE LANE #100  
City-State-Zip: RENO NV 89511