

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000115262

Entity Name: SIXONINE LLC

FILED  
Jan 12, 2012  
Secretary of State

## Current Principal Place of Business:

1500 BAY ROAD  
764 S  
MIAMI BEACH, FL 33139 US

## New Principal Place of Business:

1500 BAY ROAD  
340 S  
MIAMI BEACH, FL 33139 US

## Current Mailing Address:

1500 BAY ROAD  
764 S  
MIAMI BEACH, FL 33139 US

## New Mailing Address:

1500 BAY ROAD  
340 S  
MIAMI BEACH, FL 33139 US

FEI Number: 39-2077929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NGANG, KENNETH  
1500 BAY ROAD  
764 S  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

NGANG, KENNETH  
1500 BAY ROAD  
340 S  
MIAMI BEACH, FL 33139 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: JOSE KAMGA

01/12/2012

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: KAMGA, JOSE  
Address: 1500 BAY ROAD, APT S 340  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGGR  
Name: HAMADOUCHE, NABIL  
Address: 1500 BAY ROAD, S764  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR  
Name: SEMELIN, JEROME  
Address: 1500 BAY ROAD  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR  
Name: NGANG, FLORA  
Address: 1500 BAY ROAD  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR  
Name: BELKHIR, KARIM  
Address: 1500 BAY ROAD  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOSE KAMGA

MGR

01/12/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date