

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016003

Entity Name: 1409 LLC

Current Principal Place of Business:

440 W. 15TH STREET
NEW YORK, NY 10011

Current Mailing Address:

440 W. 15TH STREET
NEW YORK, NY 10011

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLINE, GARY
7107 AYRSHIRE LANE
BOCA , FL 33487 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 MANAGER
Name KLINE FAMILY TRUST
Address 440 W. 15TH STREET
City-State-Zip: NEW YORK NY 10011

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: SUSAN KLINE

AUTHORIZED SIGNATURE 01/17/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date