

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000005508

**Entity Name:** CT 909, LLC**Current Principal Place of Business:**1190 NE 100 STREET  
MIAMI SHORE, FL 33138**Current Mailing Address:**1190 NE 100 STREET  
MIAMI SHORE, FL 33138**FEI Number:** 26-1944558**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALESSIO INCORPORATION SERVICES  
2320 PONCE DE LEON BLVD  
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:** ALESSIO ANTONACCI

06/27/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | MGRM                 |
| Name            | ECHT, GUSTAVO F      |
| Address         | 1190 NE 100 STREET   |
| City-State-Zip: | MIAMI SHORE FL 33138 |

|                 |                      |
|-----------------|----------------------|
| Title           | PTS                  |
| Name            | ECHT, GUSTAVO F      |
| Address         | 1190 NE 100 STREET   |
| City-State-Zip: | MIAMI SHORE FL 33138 |

|                 |                                             |
|-----------------|---------------------------------------------|
| Title           | MGRM                                        |
| Name            | EIDELSTEIN, ROBERTO MR.                     |
| Address         | PANAMA 729                                  |
| City-State-Zip: | CAP. FEDERAL, BUENOS AIRES BA<br>ARGEN-TINA |

|                 |                                             |
|-----------------|---------------------------------------------|
| Title           | MGRM                                        |
| Name            | ECHT, SILVIA MRS.                           |
| Address         | PANAMA 729                                  |
| City-State-Zip: | CAP. FEDERAL, BUENOS AIRES BA<br>ARGEN-TINA |

*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:** GUSTAVO ECHT

MGRM

06/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date