

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000040190

**Entity Name:** PANORAMA NINE, LLC

**Current Principal Place of Business:**

750 FLORIDA CENTRAL PARKWAY SUITE 100  
LONGWOOD, FL 32750

**Current Mailing Address:**

POBOX521339  
LONGWOOD, FL 32752 US

**FEI Number:** 27-2291630

**Certificate of Status Desired:** Yes

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

SCHIANO LOMORIELLO, GIUSEPPE SR  
1865 WEDGEWOOD WAY  
KISSIMMEE, FL 34746 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:** SCHIANO LOMORIELLO GIUSEPPE

01/07/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KANTATAN, SITIPORN SR  
Address 362 HARBOUR ISLE WAY  
City-State-Zip: LONGWOOD FL 32750

Title MGRM  
Name GIUSEPPE, SCHIANO LSR  
Address POBOX 451771  
City-State-Zip: KISSIMME FL 34745

Title MANAGER  
Name JINGAG, BAI  
Address POBOX521339  
City-State-Zip: LONGWOOD FL 32752

*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:** GIUSEPPE SCHIANO

MEMBER

01/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date