

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000055836

**Entity Name:** ONE MIAMI UPH09, LLC

**Current Principal Place of Business:**

335 S. BISCAYNE BLVD.  
#UPH09  
MIAMI, FL 33131

**Current Mailing Address:**

335 S. BISCAYNE BLVD.  
#UPH09  
MIAMI, FL 33131 US

**FEI Number:** 45-2320867

**Certificate of Status Desired:** No

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

LIU CARDENAS, LILIAN  
335 S. BISCAYNE BLVD.  
#UPH09  
MIAMI, FL 33131 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:** LILIAN LIU CARDENAS

04/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LIU CARDENAS, LILIAN  
Address 335 S. BISCAYNE BLVD.  
#UPH09  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name LIU CZARCINSKI, JULIANA  
Address 335 S. BISCAYNE BLVD.  
#UPH09  
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED MEMBER  
Name LIU, PO SAN  
Address 335 S. BISCAYNE BLVD.  
#UPH09  
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED MEMBER  
Name HSU, LI CHIN  
Address 335 S. BISCAYNE BLVD.  
#UPH09  
City-State-Zip: MIAMI FL 33131

Title MANAGER  
Name LIU, DANIEL ROGER  
Address 335 S. BISCAYNE BLVD.  
#UPH09  
City-State-Zip: MIAMI FL 33131

*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:** LILIAN LIU CARDENAS

MANAGER

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date