

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000131137

**Entity Name:** 9113 SW 9 TERRACE, LLC

**Current Principal Place of Business:**

8936 SW 11 STREET  
MIAMI, FL 33174

**Current Mailing Address:**

9113 SW 9 TERRACE  
MIAMI, FL 33174

**FEI Number:** 46-1238254

**Certificate of Status Desired:** No

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

SACHER, CHARLES S  
2655 LEJEUNE RD., SUITE 1101  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	MUGUERCIA, FRANCISCO M.D.	Name	MUGUERCIA, BELINDA A
Address	8936 SW 11 STREET	Address	8936 SW 11 STREET
City-State-Zip:	MIAMI FL 33174	City-State-Zip:	MIAMI FL 33174

*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:** BELINDA MUGUERCIA

**MGR**

**02/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date