

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000140445

**Entity Name:** ZERO NINE LLC

**Current Principal Place of Business:**

55 MERRICK WAY  
UNIT #402  
CORAL GABLES, FL 33134

**Current Mailing Address:**

8040 S.W 69 AVE  
MIAMI, FL 33143 US

**FEI Number:** 46-1352294

**Certificate of Status Desired:** No

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

BARBARA, RICHARD L  
2701 SOUTH BAYSHORE DRIVE  
SUITE 500  
MIAMI, FL 33133 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 MGRM  
Name CAPO, ALEJANDRO  
Address 55 MERRICK WAY  
UNIT #402  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name BUSTAMANTE, ROBERT J  
Address 55 MERRICK WAY  
UNIT #402  
City-State-Zip: CORAL GABLES FL 33134

*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:** ALEJANDRO CAPO

**OWNER**

**04/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date