

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000159017

**Entity Name:** 9417 CARLYLE AVENUE LLC

**Current Principal Place of Business:**

9417 CARLYLE AVENUE  
SURFSIDE, FL 33154

**Current Mailing Address:**

P.O. BOX 371429  
MIAMI, FL 33137 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HORNSTEIN, BRUCE  
317-71ST STREET  
MIAMI BEACH, FL 33141 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            CHURACK, DEAN A  
Address        P.O. BOX 371429  
City-State-Zip: MIAMI FL 33137

*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:** DEAN A CHURACK

**MANAGER**

**03/30/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date