

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000176720

Entity Name: VENTURE 1009 LLC**Current Principal Place of Business:**10275 COLLINS AVE
1106
MIAMI BEACH, FL 33154**Current Mailing Address:**LA INVERNADA #7031
VITACURA
SANTIAGO, REGION METROPOLITANA 7660239 CL**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOSE A. VILLAR CPA, P.A.
3850 SW 87 AVE STE 301
MIAMI, FL 33165 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
Name	ABUSLEME, VICTOR D
Address	10275 COLLINS AVE
City-State-Zip:	MIAMI BEACH FL 33154

Title	MGR
Name	ANANIAS, LUZ M
Address	10275 COLLINS AVE
City-State-Zip:	MIAMI BEACH FL 33154

Title	AMBR
Name	ABUSLEME ANANIAS, MAURICIO
Address	10275 COLLINS AVE 1106
City-State-Zip:	MIAMI BEACH FL 33154

Title	AMBR
Name	ABUSLEME ANANIAS, DANIELA
Address	10275 COLLINS AVE 1106
City-State-Zip:	MIAMI BEACH FL 33154

Title	AMBR
Name	ABUSLEME ANANIAS, ALEXANDRA
Address	10275 COLLINS AVE 1106
City-State-Zip:	MIAMI BEACH FL 33154

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: VICTOR DAVID ABUSLEME

MANAGER

03/24/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date