

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000004157

**Entity Name:** 1:9 TECHNOLOGY LLC

**Current Principal Place of Business:**

7643 GATE PARKWAY  
SUITE 104-583  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7643 GATE PARKWAY  
SUITE 104-583  
JACKSONVILLE, FL 32256 US

**FEI Number:** 81-4944906

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES, INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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            AMBR  
Name            HOGG, TIMOTHY  
Address        92 MONTSERRAT DR  
City-State-Zip: SAINT AUGUSTINE FL 32092

*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:** TIMOTHY HOGG

AMBR

11/10/2021

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

\_\_\_\_\_  
Date