

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000180244

**Entity Name:** A.M.J.1209 LLC**Current Principal Place of Business:**10700 NW 66 STREET  
SUITE 213  
DORAL, FL 33178**Current Mailing Address:**10700 NW 66 STREET  
SUITE 213  
DORAL, FL 33178 US**FEI Number:** 61-1854343**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE TAX TEAM INC WESTCHESTER  
8290 SW 40TH ST  
STE 107  
MIAMI, FL 33155 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:** ODALYS D FUENTES

04/21/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                              |
|-----------------|------------------------------|
| Title           | MGR                          |
| Name            | PINTO, YONY                  |
| Address         | 10700 NW 66 STREET SUITE 213 |
| City-State-Zip: | DORAL FL 33178               |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGR                          |
| Name            | VELASQUEZ DE PINTO, YALITZA  |
| Address         | 10700 NW 66 STREET SUITE 213 |
| City-State-Zip: | DORAL FL 33178               |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGR                          |
| Name            | PINTO VELASQUEZ, ANA MARIA   |
| Address         | 10700 NW 66 STREET SUITE 213 |
| City-State-Zip: | DORAL FL 33178               |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGR                          |
| Name            | PINTO VELASQUEZ, MARIANA D   |
| Address         | 10700 NW 66 STREET SUITE 213 |
| City-State-Zip: | DORAL FL 33178               |

*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:** PINTO VELASQUEZ, MARIANA D

MGR

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date