

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000021069

**Entity Name:** NMM9, LLC

**Current Principal Place of Business:**

1019 WOODSMERE PKWY  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

1019 WOODSMERE PKWY  
ROCKLEDGE, FL 32955

**FEI Number:** 82-4120921

**Certificate of Status Desired:** No

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

WORKMAN, KIMBERLY M  
1019 WOODSMERE PKWY  
ROCKLEDGE, FL 32955 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	Title	MGR
Name	WORKMAN, KIMBERLY M	Name	WORKMAN, MICHAEL B
Address	1019 WOODSMERE PKWY	Address	1019 WOODSMERE PKWY
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955

*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:** KIMBERLY WORKMAN

**PRESIDENT**

**03/13/2022**

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

\_\_\_\_\_  
Date