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: PORTER, PHILIP

Electronic Signature of Signing Authorized Person(s) Detail

MGR

04/28/2023

Certificate of Status Desired: No

FILED Apr 28, 2023

Secretary of State

6052340719CC

uthorized Person(s) Detail ·

Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	PORTER, PHILIP	Name	PORTER, JOHN	
Address	PO BOX 668317	Address	PO BOX 668317	
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166	

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.

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000162661

Entity Name: 5220 NW 72 AVE BAY 9 LLC

Current Principal Place of Business:

5220 NW 72 AVE BAY 9 MIAMI, FL 33166

Current Mailing Address:

PO BOX 668317 MIAMI, FL 33166

FEI Number: 85-1649516

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORRADA, ALBERT CPA 2655 LEJEUNE ROAD SUITE 902 CORAL GABLES, FL 33146 US

SIGNATURE:

Date

Date