

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000184619

**Entity Name:** STORY 09, LLC

**Current Principal Place of Business:**

9805 NW 52ND STREET  
# 511  
DORAL, FL 33178

**Current Mailing Address:**

9805 NW 52ND ST  
# 511  
DORAL, FL 33178 US

**FEI Number:** 86-3616104

**Certificate of Status Desired:** No

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

GOMEZ, CARLOS A SR.  
9805 NW 52ND STREET  
# 511  
DORAL, FL 33178 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 P  
Name GOMEZ, CARLOS A SR  
Address 9805 NW 52ND STREET, # 511  
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:** CARLOS A. GOMEZ

**PRESIDENT**

**04/06/2024**

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

\_\_\_\_\_  
Date