

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000515729

**Entity Name:** HQ PRIVATE VENTURES NINE LLC

**Current Principal Place of Business:**

15495 EAGLES NEST LANE  
SUITE 210  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

15495 EAGLES NEST LANE  
SUITE 210  
MIAMI LAKES, FL 33014 US

**FEI Number:** 88-4376759

**Certificate of Status Desired:** No

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

FRIEDMAN, BRENT  
15495 EAGLES NEST LANE  
SUITE 210  
MIAMI LAKES, FL 33014 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  
Name CHARLETON, DANIEL  
Address 15495 EAGLES NEST LANE, SUITE 210  
City-State-Zip: MIAMI LAKES FL 33014

Title MGR  
Name GUEANT, THIBAUT  
Address 15495 EAGLES NEST LANE, SUITE 210  
City-State-Zip: MIAMI LAKES FL 33014

Title MGR  
Name DANIELLOU, ROMAIN  
Address 15495 EAGLES NEST LANE, SUITE 210  
City-State-Zip: MIAMI LAKES FL 33014

Title VP  
Name ZEPEDA, LAURA  
Address 15495 EAGLES NEST LANE, SUITE 210  
City-State-Zip: MIAMI LAKES FL 33014

Title VP  
Name GOLIEB, MICHAEL  
Address 15495 EAGLES NEST LANE, SUITE 210  
City-State-Zip: MIAMI LAKES FL 33014

*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:** DANIEL CHARLETON

**MANAGER**

**03/09/2023**

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

\_\_\_\_\_  
Date