

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076596

**Entity Name:** AM 2004, LLC

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD  
SUITE 705  
CORAL GABLES, FL 33134

**Current Mailing Address:**

999 PONCE DE LEON BLVD  
SUITE 705  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-2890743

**Certificate of Status Desired:** No

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

PADIAL & COMPANY PA  
999 PONCE DE LEON BLVD  
SUITE 705  
CORAL GABLES, FL 33134 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:** MYRIAM GONZALEZ

05/01/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JAEGERMAN, ARTURO  
Address 999 PONCE DE LEON BLVD  
SUITE 705  
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED MEMBER  
Name JAEGERMAN, NORA  
Address 999 PONCE DE LEON BLVD  
SUITE 705  
City-State-Zip: CORAL GABLES FL 33134

*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:** ARTURO JAEGERMAN

MANAGER

05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date