## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000011065

Entity Name: FOUR GOOD BROTHERS, LLC

**Current Principal Place of Business:** 

2121 PONCE DE LEON BLVD, SUITE 1050 CORAL GABLES. FL 33134

**Current Mailing Address:** 

2121 PONCE DE LEON BLVD. SUITE 1050 CORAL GABLES. FL 33134

FEI Number: 26-4234749 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC. 2121 PONCE DE LEON BLVD SUITE 1050 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGRM Title **MGRM** 

KLEIN, ENRIQUE A Name Name DE KLEIN, MAUREENE D

Address ALVEAR 376 MARTINEZ BUENOS Address ALVEAR 376 MARTINEZ BUENOS

> **AIRES AIRES**

City-State-Zip: CP 1640 ARGENTINA XX XX City-State-Zip: CP 1640 ARGENTINA XX XX

Title MGRM Name KLEIN, IAN J

**ALVEAR 376 MARTINEZ BUENOS** Address

**AIRES** 

CP 1640 ARGENTINA XX XX City-State-Zip:

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 608, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KLEIN, ENRIQUE A

**MGRM** 

04/02/2013

**FILED** Apr 02, 2013

**Secretary of State** 

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