

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000037500

**Entity Name:** 1832 4-PLEX, LLC

**Current Principal Place of Business:**

1781 SW 109 TER  
DAVIE, FL 33324

**Current Mailing Address:**

1781 SW 109 TER  
DAVIE, FL 33324 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MYERS, MICHAEL A  
1781 SW 109 TER  
DAVIE, FL 33324 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 MGRM  
Name MYERS, MICHAEL A  
Address 1781 SW 109 TER  
City-State-Zip: DAVIE FL 33324

Title MGR  
Name MYERS, ADRIANNA  
Address 1781 SW 109 TER  
City-State-Zip: DAVIE FL 33324

Title MGR  
Name SANGER, STEPHEN  
Address 13315 NANTUCKET PL  
City-State-Zip: BAKERSFIELD CA 93314

Title MGR  
Name SANGER, MARTHA  
Address 13315 NANTUCKET PL  
City-State-Zip: BAKERSFIELD CA 93314

Title MGR  
Name BAQUERO DE MARTINEZ, NUBIA  
Address 2551 ARAGON BLVD APT 307  
City-State-Zip: SUNRISE FL 33322

*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:** MICHAEL MYERS

**REGISTERED  
AGENT/MNGR**

**04/08/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date