

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000069576

**Entity Name:** 4423 BOCAIRE, LLC

**Current Principal Place of Business:**

4423 BOCAIRE BOULEVARD  
BOCA RATON, FL 33487

**Current Mailing Address:**

4423 BOCAIRE BOULEVARD  
BOCA RATON, FL 33487 US

**FEI Number:** 45-2568425

**Certificate of Status Desired:** No

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

KRASKER, PAUL A  
225 SOUTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401 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 COMINS, STUART  
Address 18 CROWNINSHIELD STREET  
City-State-Zip: PEABODY MA 01960

Title MGR  
Name COLLIER-COMINS, DEBORAH  
Address 18 CROWNINSHIELD STREET  
City-State-Zip: PEABODY PA 01960

*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:** STUART COMINS

**MANAGER**

**01/22/2016**

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

\_\_\_\_\_  
Date