

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000003056

**Entity Name:** MAGNOLIA TC 4, LLC

**Current Principal Place of Business:**

558 W. NEW ENGLAND AVE.  
STE.250  
WINTER PARK, FL 32789

**Current Mailing Address:**

558 W. NEW ENGLAND AVE.  
STE.250  
WINTER PARK, FL 32789 US

**FEI Number:** 45-4275891

**Certificate of Status Desired:** No

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

MAGNOLIA ADVISORS LLC  
558 W. NEW ENGLAND AVE.  
STE.250  
WINTER PARK, FL 32789 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 MAGNOLIA TC 4 MM, LLC  
Address 558 W. NEW ENGLAND AVE.  
STE.250  
City-State-Zip: WINTER PARK FL 32789

Title MANAGER  
Name CIRILLO, BRIAN  
Address 558 W. NEW ENGLAND AVE.  
STE.250  
City-State-Zip: WINTER PARK FL 32789

Title MANAGER  
Name RICHTER, RAINER  
Address 558 W. NEW ENGLAND AVE.  
STE.250  
City-State-Zip: WINTER PARK FL 32789

*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:** BRIAN CIRILLO

MGR

02/23/2017

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

\_\_\_\_\_  
Date