

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000066065

Entity Name: ORTSAC INVESTMENTS MF #4 LLC**Current Principal Place of Business:**10234 W STATE ROAD 84
DAVIE, FL 33324**Current Mailing Address:**10234 W STATE ROAD 84
DAVIE, FL 33324 US**FEI Number:** 90-0858727**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTRO, SOFIA
10234 W STATE ROAD 84
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 MGR
Name ORTSAC MANAGEMENT LLC
Address 10234 W STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title MGRM
Name CASTRO, ROBERT T
Address 10234 W STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title MGRM
Name CASTRO, SOFIA
Address 10234 W STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title MGRM
Name CASTRO, PRISCILLA J
Address 10234 W STATE ROAD 84
City-State-Zip: DAVIE FL 33324

Title MGRM
Name CASTRO, BRANDON L
Address 10234 W STATE ROAD 84
City-State-Zip: DAVIE FL 33324

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: ROSSI LAUSSO**PROPERTY MANAGER****02/03/2016**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date