

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000155859

**Entity Name:** 4329 VICTOR STREET, LLC

**Current Principal Place of Business:**

251VALENCIA AVE  
SUITE 1184  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 141184  
CORAL GABLES, FL 33114 US

**FEI Number:** 46-1579076

**Certificate of Status Desired:** No

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

THOMAS O. WELLS, P.A.  
540 BILTMORE WAY  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	LAWRENCE, BRIAN	Name	MADRIGAL, MARILU
Address	251VALENCIA AVE SUITE 1184	Address	251VALENCIA AVE SUITE 1184
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

*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 LAWRENCE

**MANAGER**

**04/03/2016**

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

\_\_\_\_\_  
Date