

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000017109

**Entity Name:** M4, LLC

**Current Principal Place of Business:**

12550 BISCAYNE BOULEVARD  
SUITE 402  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12550 BISCAYNE BOULEVARD  
SUITE 402  
NORTH MIAMI, FL 33181 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KOPELOWITZ, BRIAN  
200 SW 1ST AVENUE  
SUITE 1200  
FORT LAUDERDALE, FL 33301 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 MME CAPITAL MANAGEMENT, LLC  
Address 12550 BISCAYNE BOULEVARD, SUITE  
402  
City-State-Zip: NORTH MIAMI FL 33181

*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:** ALEJANDRA ECHEVERRIA

**OFFICE MANAGER**

**04/25/2016**

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

\_\_\_\_\_  
Date