## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000017109

Entity Name: M4, LLC

**Current Principal Place of Business:** 

SUITE 602 NORTH MIAMI, FL 33181

## **Current Mailing Address:**

12550 BISCAYNE BOULEVARD

12550 BISCAYNE BOULEVARD SUITE 602 NORTH MIAMI, FL 33181

**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

**FILED** Apr 27, 2015

**Secretary of State** 

CC8880877023

## Authorized Person(s) Detail:

Title MGRM

MME CAPITAL MANAGEMENT, LLC Name 12550 BISCAYNE BOULEVARD, SUITE Address

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: MME CAPITAL MANAGEMENT, LLC

**MANAGER** 

04/27/2015

Date