

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000165601

**Entity Name:** CG 4830, LLC

**Current Principal Place of Business:**

C/O OREN LIEBER, ESQ.  
2915 BISCAYNE BLVD. SUITE 300  
MIAMI, FL 33137

**Current Mailing Address:**

C/O OREN LIEBER, ESQ.  
2915 BISCAYNE BLVD. SUITE 300  
MIAMI, FL 33137 FL

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

OREN LIEBER, ESQ.  
2915 BISCAYNE BLVD.  
SUITE 300  
MIAMI, FL 33137 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:** OREN LIEBER

03/28/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CHETRIT, JOSEPH  
Address C/O OREN LIEBER ESQ. 2915  
BISCAYNE BLVD  
City-State-Zip: SUITE 300, MIAMI FL 33137

*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:** JOSEPH CHETRIT

MGRM

03/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date