## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000040223

Entity Name: 4LAYERS LLC

**FILED** May 01, 2017 **Secretary of State** CC3077903325

## **Current Principal Place of Business:**

1300 BRICKELL BAY DRIVE **APT 2106** MIAMI, FL 33131

## **Current Mailing Address:**

1300 BRICKELL BAY DRIVE **APT 2106** MIAMI, FL 33131 US

FEI Number: 46-5181223 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COIFMAN MICHAILOS, ALBERTO 1300 BRICKELL BAY DRIVE **APT 2106** MIAMI, FL 33131 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MANAGER Title **MANAGER** 

COIFMAN MICHAILOS, ALBERTO Name Name COIFMAN H., AARON

1300 BRICKELL BAY DRIVE C.CUMANA, Q.ARAGUANEY, URB.EL Address Address

**CAFETAL APT 2106** 

City-State-Zip: CARACAS 01050 City-State-Zip: MIAMI FL 33131

Title **MANAGER** 

Name COIFMAN A., VICTORIA 1300 BRICKELL BAY DRIVE Address

**APT 2106** 

City-State-Zip: MIAMI FL 33131

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: COIFMAN MICHAILOS, ALBERTO

**MANAGER** 

05/01/2017