

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000040223

Entity Name: 4LAYERS LLC

Current Principal Place of Business:

11890 SW 8TH STREET PH 2
MIAMI, FL 33184

Current Mailing Address:

11890 SW 8TH STREET PH 2
MIAMI, FL 33184 US

FEI Number: 46-5181223

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COIFMAN MICHAÏLOS, ALBERTO
11890 SW 8TH STREET PH 2
MIAMI, FL 33184 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 COIFMAN MICHAÏLOS, ALBERTO
Address C.CUMANA, Q.ARAGUANEY,URB.EL
CAFETAL
City-State-Zip: CARACAS DF 01050

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 MICHAÏLOS, ALBERTO

MGRM

05/01/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date