## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000041838

#### Entity Name: FOUR SISTERS LLC

# **Current Principal Place of Business:**

240 CRANDON BLVD STE 115 KEY BISCAYNE, FL 33149

# **Current Mailing Address:**

4095 STATE ROAD 7 STE L216 WELLINGTON, FL 33449 US

# FEI Number: 38-3968406

## Name and Address of Current Registered Agent:

SLN MANAGEMENT LLC 4095 STATE ROAD 7 STE L216 WELLINGTON, FL 33449 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	BERNARDO HASBACH		01/12/2017
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	IBARGUENGOYTIA CANALS, MARTHA ELENA	Name	IBARGUENGOYTIA CANALS, DAPHNE CECILIA
Address	4095 STATE ROAD 7 STE L216	Address	4095 STATE ROAD 7 STE L216
City-State-Zip:	WELLINGTON FL 33449	City-State-Zip:	WELLINGTON FL 33449
Title	MGR	Title	MGR
Name	IBARGUENGOYTIA DE FINK, ARIADNA	Name	IBARGUENGOYTIA CANALS, PAOLA ITZIAR
Address	4095 STATE ROAD 7 STE L216	Address	4095 STATE ROAD 7 STE L216
City-State-Zip:	WELLINGTON FL 33449	City-State-Zip:	WELLINGTON FL 33449

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.

MGR

## SIGNATURE: MARTHA ELENA IBARGUENGOYTIA CANALS

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 12, 2017 Secretary of State CC3089521298

Certificate of Status Desired: No

01/12/2017 Date