

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000072986

**Entity Name:** ANCLAMAR 04 LLC

**Current Principal Place of Business:**

780 NW 42 AV  
SUITE 10  
MIAMI, FL 33126

**Current Mailing Address:**

780 NW 42 AV  
SUITE 10  
MIAMI, FL 33126

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RINALDI, PASCUAL SR  
780 NW 42 AV  
SUITE 10  
MIAMI, FL 33126 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	P	Title	VP
Name	RINALDI, PASCUAL MR	Name	MARCHESANO, ANTONELLA MRS
Address	780 NW 42 AV SUITE 10	Address	780 NW 42 AV SUITE 10
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126
Title	VP	Title	VP
Name	RINALDI, DANIEL A MR	Name	RINALDI, CLAUDIA MISS
Address	780 NW 42 AV SUITE 10	Address	780 NW 42 AV SUITE 10
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126
Title	VP		
Name	RINALDI, MARIA G MISS		
Address	780 NW 42 AV SUITE 10		
City-State-Zip:	MIAMI FL 33126		

*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:** RINALDI PASCUAL P 02/24/2016  
\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date