## 2017 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

## 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

## Authorized Person(s) Detail :

Authonized Ferson(s) Detail.				
Title	Ρ	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: PASCUAL RINALDI

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Feb 11, 2017 Secretary of State CC9117786858

Certificate of Status Desired: No

Date

PASCUAL