

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000072986

Entity Name: ANCLAMAR 04 LLC**Current Principal Place of Business:**1755 E HALLANDALE BEACH BLVD
MZ05
HALLANDALE, FL 33009**Current Mailing Address:**1755 E HALLANDALE BEACH BLVD
MZ05
HALLANDALE, FL 33009 US**FEI Number:** 36-4831176**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RINALDI, PASCUAL SR
1755 E HALLANDALE BEACH BLVD
MZ05
HALLANDALE, FL 33009 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
Name	RINALDI, PASCUAL MR
Address	1755 E HALLANDALE BEACH BLVD MZ05
City-State-Zip:	HALLANDALE FL 33009

Title	VP
Name	MARCHESANO, ANTONELLA MRS
Address	1755 E HALLANDALE BEACH BLVD MZ05
City-State-Zip:	HALLANDALE FL 33009

Title	VP
Name	RINALDI, DANIEL A MR
Address	1755 E HALLANDALE BEACH BLVD MZ05
City-State-Zip:	HALLANDALE FL 33009

Title	VP
Name	RINALDI, CLAUDIA MISS
Address	1755 E HALLANDALE BEACH BLVD MZ05
City-State-Zip:	HALLANDALE FL 33009

Title	VP
Name	RINALDI, MARIA G MISS
Address	1755 E HALLANDALE BEACH BLVD MZ05
City-State-Zip:	HALLANDALE FL 33009

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**PRESIDENT****04/29/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date