## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000137424

Entity Name: FAMI INVEST 4D LLC

## Current Principal Place of Business:

20801 BISCAYNE BOULEVARD SUITE 403-1001 AVENTURA, FL 33180

# **Current Mailing Address:**

20801 BISCAYNE BOULEVARD SUITE 403-1001 AVENTURA, FL 33180 US

## FEI Number: 47-5265581

### Name and Address of Current Registered Agent:

MCH CONSULTING USA 20801 BISCAYNE BOULEVARD SUITE 403 AVENTURA, FL 33180 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                     | : MONIQUE HERZSTEIN                      |                 |                              | 04/12/2018 |
|-------------------------------|--|-----------------|------------------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                              | Date       |
| Authorized Person(s) Detail : |  |                 |                              |            |
| Title                         | MGR                                      | Title           | MGR                          |            |
| Name                          | CULLIERE, MICHEL                         | Name            | CULLIERE, FABIENNE           |            |
| Address                       | 515 N. FLAGLER DRIVE<br>P300             | Address         | 515 N. FLAGLER DRIVE<br>P300 |            |
| City-State-Zip:               | WEST PALM BEACH FL 33401                 | City-State-Zip: | WEST PALM BEACH FL 3340      | )1         |

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: CULLIERE MICHEL

MGR

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date