

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000051316

**Entity Name:** FOUR MILE COVE GP, LLC

**Current Principal Place of Business:**

23190 FASHION DRIVE  
SUITE 205  
ESTERO, FL 33928

**Current Mailing Address:**

23190 FASHION DRIVE  
SUITE 205  
ESTERO, FL 33928 US

**FEI Number:** 81-1852497

**Certificate of Status Desired:** No

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

WORKMAN, MICHAEL E  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 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 MGR  
Name FORTRESS FOUR MILE COVE, LLC  
Address 23190 FASHION DRIVE, SUITE 205  
City-State-Zip: ESTERO FL 33928

*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:** MICHAEL S FAULKNER

**MANAGER**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date