

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000079069

**Entity Name:** FLM T4 LLC

**Current Principal Place of Business:**

200 CRANDON BLVD  
SUITE # 311  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

P.O.BOX 450627  
MIAMI, FL 33245 US

**FEI Number:** 81-2309584

**Certificate of Status Desired:** No

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

SALAZAR, LISETTE PIE  
200 CRANDON BLVD  
SUITE # 311  
KEY BISCAYNE, FL 33149 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 LAGOS MARMOL, FRANCISCO  
Address P.O.BOX 450627  
City-State-Zip: MIAMI FL 33245

Title MANAGER  
Name DELACRE, PALOMA MARIA  
Address P.O.BOX 450627  
City-State-Zip: MIAMI FL 33245

*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:** FRANCISCO LAGOS MARMOL

MANAGER

03/22/2017

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

\_\_\_\_\_  
Date