

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000192888

**Entity Name:** SL 4804 LLC

**Current Principal Place of Business:**

17 N. STATE STREET  
SUITE 1700  
CHICAGO, IL 60602

**Current Mailing Address:**

17 N. STATE STREET  
SUITE 1700  
CHICAGO, IL 60602 US

**FEI Number:** 81-4189823

**Certificate of Status Desired:** No

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

KELLERMANN VARELA PL  
605 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139 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            AMBR  
Name            WEINER, ELLIOT M  
Address        17 N STATE STEEET SUITE 1700  
City-State-Zip: CHICAGO IL 60602

*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:** ELLIOT WEINER

AMBR

04/18/2019

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

\_\_\_\_\_  
Date