

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000009548

Entity Name: JOE MORETTI PHASE FOUR, LLC**Current Principal Place of Business:**315 S. BISCAYNE BLVD
4TH FLOOR
MIAMI, FL 33131**Current Mailing Address:**315 S. BISCAYNE BLVD
4TH FLOOR
MIAMI, FL 33131**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD
#221-E
PALM BEACH GARDENS, FL 33410 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 JOE MORETTI PHASE FOUR
MANAGER, LLC
Address 315 S. BISCAYNE BLVD., 4TH FL
City-State-Zip: MIAMI FL 33131

Title V
Name ALLEN, MATTHEW
Address 315 S. BISCAYNE BLVD., 4TH FL
City-State-Zip: MIAMI FL 33131

Title V
Name MILO, ALBERTO JR
Address 315 S. BISCAYNE BLVD, 4TH FL
City-State-Zip: MIAMI FL 33131

Title P
Name PEREZ, JORGE M
Address 315 S. BISCAYNE BLVD.
City-State-Zip: MIAMI FL 33131

Title VST
Name HOYOS, JEFFERY
Address 315 S. BISCAYNE BLVD., 4TH FL
City-State-Zip: MIAMI FL 33131

Title V
Name DEL POZZO, TONY
Address 315 S. BISCAYNE BLVD., 4TH FL
City-State-Zip: MIAMI FL 33131

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: JOE MORETTI PHASE FOUR MANAGER, LLCANGELA MARTIN,
ATTORNEY-IN-FACT

04/18/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date