

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000005159

**Entity Name:** MB4 COMMUNICATIONS, LLC**Current Principal Place of Business:**888 BRICKELL AVENUE, SUITE 400  
MIAMI, FL 33131**Current Mailing Address:**888 BRICKELL AVENUE, SUITE 400  
MIAMI, FL 33131**FEI Number:** 46-3288658**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTILLO, JAIME A  
888 BRICKELL AVENUE, SUITE 400  
MIAMI, FL 33131 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 MGRM  
Name MEZERHANE, NELSON J  
Address 888 BRICKELL AVENUE, SUITE 400  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name MEZERHANE, MASHUD A  
Address 888 BRICKELL AVENUE, SUITE 400  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name MEZERHANE, NELSON R  
Address 888 BRICKELL AVENUE, SUITE 400  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name CASTILLO, JAIME A  
Address 888 BRICKELL AVENUE, SUITE 400  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name PABON, GILDA  
Address 888 BRICKELL AVENUE, SUITE 400  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name RIEBER, CAMILLE  
Address 888 BRICKELL AVENUE, SUITE 400  
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:** CASTILLO , JAIME A**MGRM****01/16/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date