

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 AUG -3 PM 2:25

CR2E083B (1/11)

DOCUMENT # L 06000110626	
1. Entity Name Four towers #3, LLC.	

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2. Principal Place of Business - No P.O. Box # 5600 SW 135 Avenue	3. Mailing Address 5600 SW 135 Avenue
Suite, Apt. #, etc. Suite 210	Suite, Apt. #, etc. Suite 210
City & State Miami, Florida	City & State Miami, Florida
Zip 33183	Country US

4. FEI Number	☒ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. DO NOT WRITE IN THIS SPACE
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7. Name and Address of Current Registered Agent	
Name	Four towers RA, LLC
Street Address (P.O. Box Number is Not Acceptable)	5600 SW 135 Avenue
Suite	Suite 210
City	Miami
State	FL
Zip Code	33183

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 

Signature typed or printed name of registered agent and his, if applicable.

DATE

January 1 - May 1: Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00

E-mail Address:

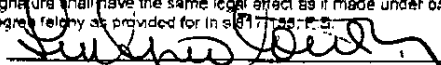
Make Check Payable to Florida Department of State

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGPM Four towers ENTERPRISES, L.P. 5600 SW 135 Avenue, Suite 210 Miami, Florida 33183.
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 register or trustee empowered to execute this report as required by Chapter 808, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.03, F.S.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone