

LIMITED LIABILITY COMPANY
ANNUAL REPORT

For Office Use Only

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DOCUMENT # L09000099859
1. Entity Name
Four Towers #17, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 30 PM 1:14

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

3. Mailing Address
5600 SW 135 Avenue
Suite, Apt. #, ect.
Suite 210
City & State
Miami, Florida
Zip
33183
Country
US

CR2E083B (1/11)

4. FEI Number
☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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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 210
City
Miami
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]* Luis S. torres 06/30/2011
DATE

January 1 - May 1, Fee is \$738.75
After May 1, Fee is \$538.75
Amended AR is \$50.00
Make Check Payable to Florida Department of State
E-mail Address:
To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGRM	FOUR TOWERS ENTERPRISES, LP.	5600 SW 135 Avenue Suite 210	Miami Florida 33183
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

10. 600207761876
05/17/11 01008 023 \$188.75
DO NOT WRITE IN THIS SPACE

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 receiver or trustee empowered to execute this report as required by Chapter 608, 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.817.155, F.S.
SIGNATURE: *[Signature]* Luis S. torres 06/30/2011
DATE