

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029402

Entity Name: 4 MAVERICKS @ KON TIKI, LLC**Current Principal Place of Business:**6500 CELLINI STREET
CORAL GABLES, FL 33146**Current Mailing Address:**6500 CELLINI STREET
CORAL GABLES, FL 33146**FEI Number:** 20-1024166**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOOD, RICHARD A
1395 BRICKELL AVENUE
14TH FLOOR
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	WOOD, RICHARD A
Address	6500 CELLINI STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	MGRM
Name	CLEMENTS, CHARLES LIII
Address	6500 CELLINI STREET
City-State-Zip:	CORAL GABLES FL 33146

Title	MGRM
Name	GAUTIER, DANIEL D
Address	5960 SW 78TH ST
City-State-Zip:	MIAMI FL 33143

Title	MGRM
Name	LAYNE, JERRY M
Address	6500 CELLINI STREET
City-State-Zip:	CORAL GABLES FL 33146

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: DANIEL D GAUTIER

MGR

01/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date