

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000110625

**Entity Name:** FOUR TOWERS #2, LLC

**Current Principal Place of Business:**

9450 SUNSET DRIVE  
MIAMI, FL 33173

**FILED**  
**Apr 05, 2016**  
**Secretary of State**  
**CC1292033446**

**Current Mailing Address:**

9450 SUNSET DRIVE  
MIAMI, FL 33173 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FOUR TOWERS RA, LLC  
9450 SUNSET DRIVE  
MIAMI, FL 33173 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           MANAGER  
Name           FOUR TOWERS ENTERPRISES, L.P.  
Address        9450 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

Title           AUTHORIZED MEMBER  
Name           FOUR TOWERS ENTERPRISES, L.P.  
Address        9450 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

*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: FOUR TOWERS ENTERPRISES, L.P.**

**MANAGER**

**04/05/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date