

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008086

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC3235209295**

**Entity Name:** STRUCTURED ASSET VENTURES IV, LLC

**Current Principal Place of Business:**

1250 E HALLANDALE BEACH BLVD.  
PH A  
HALLANDALE, FL 33009

**Current Mailing Address:**

1250 E HALLANDALE BEACH BLVD.  
PH A  
HALLANDALE, FL 33009

**FEI Number: 26-4123296**

**Certificate of Status Desired: No**

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

GELLES, JARED ESQ.  
1401 BRICKELL AVE., STE. 825  
C/O STOLZENBERG, GELLES & FLYNN, P.A.  
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 SAVYSKY, ANDREW M  
Address 1250 E HALLANDALE BEACH BLVD.  
PH A  
City-State-Zip: HALLANDALE FL 33009

Title MGRM  
Name ASSEFF, MICHAEL  
Address 1250 E HALLANDALE BEACH BLVD.  
PH A  
City-State-Zip: HALLANDALE FL 33009

*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: ANDREW SAVYSKY**

**MANAGER**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date