

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000015824

**Entity Name:** NORTHWEST 4TH 239 LLC

**Current Principal Place of Business:**

235 NORTHEAST 4TH AVENUE, STE 101  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

65 NORTHEAST 4TH AVENUE  
SUITE H  
DELRAY BEACH, FL 33483

**FEI Number:** 20-4550019

**Certificate of Status Desired:** No

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

PERRI, PETER  
65 NORTHEAST 4TH AVENUE STE H  
DELRAY BEACH, FL 33483 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 FORD, MARK M  
Address 235 NORTHEAST 4TH AVENUE, STE 101  
City-State-Zip: DELRAY BEACH FL 33483

Title MGRM  
Name FORD, DENISE  
Address 235 NORTHEAST 4TH AVENUE, STE 101  
City-State-Zip: DELRAY BEACH FL 33483

*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:** MARK M FORD

MGRM

01/12/2015

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

\_\_\_\_\_ Date