

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000023089

**Entity Name:** ROPE 4445 LLC

**Current Principal Place of Business:**

3971 SW 8TH STREET  
SUITE 305  
MIAMI, FL 33134-2951

**Current Mailing Address:**

PO BOX 612317  
NORTH MIAMI BEACH, FL 33261 US

**FEI Number:** 46-4830452

**Certificate of Status Desired:** No

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

TRANSACTION ADVISORS & CONSULTANTS LLC  
10261 SW 72ND ST C 101  
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            AMBR  
Name            MACHAEN, PERLA  
Address        PO BOX 612317  
City-State-Zip: NORTH MIAMI BEACH FL 33261

*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:** PERLA MACHAEN

**MANAGING MEMBER**

**05/01/2019**

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

\_\_\_\_\_  
Date