

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000086425

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC8686620423**

**Entity Name:** 4000 LLC

**Current Principal Place of Business:**

1400 NE MIAMI GARDENS DR  
SUITE 206A  
MIAMI, FL 33179

**Current Mailing Address:**

1400 NE MIAMI GARDENS DR  
SUITE 206A  
MIAMI, FL 33179 US

**FEI Number:** 47-4232834

**Certificate of Status Desired:** No

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

BAILEY, ROBERT R  
1400 NE MIAMI GARDENS DR  
SUITE 206A  
MIAMI, FL 33179 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 MGR  
Name BAILEY, ROBERT R  
Address 1400 NE MIAMI GARDENS DR  
SUITE 206A  
City-State-Zip: MIAMI FL 33179

Title MGR  
Name BAILEY, WILLIAM D JR.  
Address 1400 NE MIAMI GARDENS DR  
SUITE 206A  
City-State-Zip: MIAMI FL 33179

Title AMBR  
Name BAILEY, WILLIAM D JR.  
Address 1400 NE MIAMI GARDENS DR  
SUITE 206A  
City-State-Zip: MIAMI FL 33179

*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:** ROBERT BAILEY

MGR

03/15/2017

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

\_\_\_\_\_  
Date