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: LUIS S TORRES

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: FOUR TOWERS #21, LLC **Current Principal Place of Business:** 9450 SUNSET DRIVE

Current Mailing Address:

DOCUMENT# L15000142220

9450 SUNSET DRIVE MIAMI. FL 33173 US

MIAMI, FL 33173

FEI Number: APPLIED FOR

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:

Authorized Person(s) Detail :

Electronic Signature of Registered Agent

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

PRESIDENT

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2022 Secretary of State 0776620411CC

Date

Certificate of Status Desired: No

04/11/2022 Date