# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L15000190960

## Entity Name: AVENTURA FOUR, LLC

#### **Current Principal Place of Business:**

20900 NE 30 AVENUE 318 AVENTURA, FL 33180

## **Current Mailing Address:**

20900 NE 30 AVENUE 318 AVENTURA, FL 33180

## FEI Number: 47-5587790

### Name and Address of Current Registered Agent:

MARCELO, BORODOWSKI 20900 NE 30 AVENUE 318 AVENTURA, FL 33180 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

### Authorized Percen(c) Detail :

| Authorized Ferson(s) Detail. |                              |                 |                              |
|------------------------------|------------------------------|-----------------|------------------------------|
| Title                        | MGR                          | Title           | MGR                          |
| Name                         | BORODOWSKI, MARCELO          | Name            | RUIZ, MIGUEL                 |
| Address                      | 20900 NE 30 AVENUE SUITE 318 | Address         | 20900 NE 30 AVENUE SUITE 318 |
| City-State-Zip:              | AVENTURA FL 33180            | City-State-Zip: | AVENTURA FL 33180            |
| Title                        | MGR                          |                 |                              |
| Name                         | KORCHMAR, PASCUAL            |                 |                              |
| Address                      | 20900 NE 30 AVENUE SUITE 318 |                 |                              |
| City-State-Zip:              | AVENTURA FL 33180            |                 |                              |

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: MARCELO BORODOWSKI

MGR

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No