

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000044200

**Entity Name:** SP GA 2016 4 LLC

**Current Principal Place of Business:**

5403 WEST GRAY STREET  
TAMPA, FL 33609

**Current Mailing Address:**

2430 ESTANCIA BOULEVARD, SUITE 114  
CLEARWATER, FL 33761

**FEI Number:** 81-1983264

**Certificate of Status Desired:** No

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

TRUSTEE AND CORPORATE SERVICES, INC.  
2430 ESTANCIA BOULEVARD, SUITE 114  
CLEARWATER, FL 33761 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 SP GA 2016 4 MANAGER LLC  
Address 5403 WEST GRAY STREET  
City-State-Zip: TAMPA FL 33609

*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:** SP GA 2016 4 MANAGER LLC

MANAGER

01/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date