## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000092256

Entity Name: DICED 4 LLC

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

2600 NW 87TH AVENUE UNIT 13

DORAL, FL 33172

**Current Mailing Address:** 

2600 NW 87TH AVENUE

**UNIT 13** 

DORAL, FL 33172 US

FEI Number: 82-1732606 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**BAUER GUTIERREZ & BORBON PLLC** 814 PONCE DE LEON BLVD SUITE 210

CORAL GABLES, FL 33134 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: DAVID BAUER 03/23/2021

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MANAGER** Title **MANAGER** 

Name FERNANDEZ JR., ANGEL Name MILLAN, CESAR A

814 PONCE DE LEON BLVD 18164 SW 154 AVENUE Address Address **SUITE 219** 

City-State-Zip: MIAMI FL 33187 City-State-Zip: CORAL GABLES FL 33134

Title **MANAGER** 

Title **MANAGER** Name MOLINA, GABRIEL Name PEREZ, OTTO

Address 6313 NW 104 PATH

Address 7500 SW 38 STREET City-State-Zip: MEDLEY FL 33178

City-State-Zip: MIAMI FL 33155

Title **MANAGER** 

GOLDER, JOSH Name

PH 1717

Address

City-State-Zip: MIAMI BEACH FL 33139

102 24TH STREET

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.

03/23/2021 SIGNATURE: OTTO PEREZ MANAGER

**FILED** Mar 23, 2021

**Secretary of State** 

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