## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044454

Entity Name: SV4, LLC

**Current Principal Place of Business:** 

8110 S.W. 43RD PLACE GAINESVILLE. FL 32608

**Current Mailing Address:** 

13522 NW 9TH ROAD NEWBERRY, FL 32669 US

FEI Number: 20-4775733 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOVAY, COOK & OSSI, P.A. 901 N.W. 57TH STREET GAINESVILLE, FL 32605 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

**FILED** Mar 16, 2015

**Secretary of State** 

CC4692500609

Authorized Person(s) Detail:

Title MGR Title **TREAUSRE** 

FOSTER, FRANK D Name Name SMOCK, ANDREW Address 8110 SW 43RD PL Address 13522 NW 9TH ROAD City-State-Zip: NEWBERRY FL 32669 City-State-Zip: GAINESVILLE FL 32608

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: ANDREW SMOCK

Electronic Signature of Signing Authorized Person(s) Detail

03/16/2015