

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028256

Entity Name: DOS FOUR, LLC**Current Principal Place of Business:**9301 OLD KINGS ROAD S
JACKSONVILLE, FL 32257**Current Mailing Address:**9301 OLD KINGS ROAD S
JACKSONVILLE, FL 32257 US**FEI Number:** 14-1992495**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOSTIE, RICHARD R
9301 OLD KINGS ROAD S
JACKSONVILLE, FL 32257 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 | MANAGER | Title | MANAGER, AUTHORIZED MEMBER |
| Name | DOSTIE, RICHARD R SR. | Name | DOSTIE, CHRISTOPHER C |
| Address | 9301 OLD KINGS ROAD S | Address | 9301 OLD KINGS ROAD S |
| City-State-Zip: | JACKSONVILLE FL 32257 | City-State-Zip: | JACKSONVILLE FL 32257 |

| | |
|-----------------|---------------------------|
| Title | MANAGER/AUTHORIZED MEMBER |
| Name | DOSTIE, RICHARD R JR. |
| Address | 9301 OLD KINGS ROAD S |
| City-State-Zip: | JACKSONVILLE FL 32257 |

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: RICHARD R DOSTIE

MANAGER

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date