

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116936

**Entity Name:** IRONMEN PROPERTIES 4, LLC

**Current Principal Place of Business:**

13734 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

5321 SHORECREST DRIVE  
JACKSONVILLE, FL 32210 US

**FEI Number:** 26-1454160

**Certificate of Status Desired:** No

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

GREEN, DAVID A  
4400 ROYAL TERN COURT  
JACKSONVILLE BEACH, FL 32250 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 MGRM  
Name IRONMEN, LLC  
Address 5321 SHORECREST DRIVE  
City-State-Zip: JACKSONVILLE FL 32210

Title MANAGER  
Name BAILET, PETER  
Address 5321 SHORECREST DRIVE  
City-State-Zip: JACKSONVILLE FL 32210

*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:** PETER BAILET

**MANAGING DIRECTOR**

**02/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date