

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000110244

Entity Name: EQUITY PARTNERS FOUR PLUS LLC**Current Principal Place of Business:**1330 S. FORT HARRISON
CLEARWATER, FL 33756**Current Mailing Address:**1330 SOUTH FORT HARRISON
CLEARWATER, FL 33756 US**FEI Number:** 27-5348368**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, LANCE DR.
1330 SOUTH FORT HARRISON
CLEARWATER, FL 33756 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:** LANCE COHEN MD

02/15/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name COHEN, LANCE M
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name MERCHANT, FAISAL
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name ALIDINA, ARIF
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name BARNA, JAMES
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name MILLER, MITCHELL
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name STEINIGER, JOSEPH
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name MORGAN, JONATHAN
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name MULLER, CHRISTOPHER
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

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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 MALLON MD

MANAGING PARTNER

02/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name HOOD, DAVID
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name GREENE, SCOTT DR.
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name PATE, MARIAH DR
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name MALLON, ANDREW DR.
Address 1330 S. FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name CLAVENNA, MATTHEW DR.
Address 1330 SOUTH FORT HARRISON
City-State-Zip: CLEARWATER FL 33756