## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000091156

Entity Name: 4 CHEEKS, LLC

**Current Principal Place of Business:** 

2149 N COMMERCE PARKWAY WESTON, FL 33326

**Current Mailing Address:** 

3864 E COQUINA WAY WESTON, FL 33332 US

FEI Number: 45-2939072 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLECHNER, ILENE 2149 N COMMERCE PARKWAY WESTON, FL 33326 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: ILENE FLECHNER 04/27/2015

Electronic Signature of Registered Agent

Date

**FILED** Apr 27, 2015

**Secretary of State** 

CC3858569648

Authorized Person(s) Detail:

Title MGRM Title AUTHORIZED MEMBER Name **ILENE FLECHNER** Name FLECHNER, JACK

Address 2149 N COMMERCE PARKWAY Address 2149 N COMMERCE PARKWAY

City-State-Zip: WESTON FL 33326 City-State-Zip: WESTON FL 33326

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.

04/27/2015 SIGNATURE: ILENE FLECHNER **MGRM**