Certificate of Status Desired: No	
igent, or both, in the State of Florida.	
ngent, or both, in the State of Florida. 04/28/2017	
04/28/2017	
04/28/2017	
04/28/2017 Date	
04/28/2017 Date	

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: JORGE DI CATALDO

MGR

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000101696

Entity Name: 4810, LLC

Current Principal Place of Business:

FILED Apr 28, 2017 Secretary of State CC3202411198

Date