

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000131866

**Entity Name:** 4575 WAREHOUSE, LLC

**Current Principal Place of Business:**

4125 INDIAN RIVER DRIVE, E.  
C/O ALAN SCHOMMER  
VERO BEACH, FL 32963

**Current Mailing Address:**

4125 INDIAN RIVER DRIVE, E.  
C/O ALAN SCHOMMER  
VERO BEACH, FL 32963 US

**FEI Number:** 35-2458103

**Certificate of Status Desired:** No

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

HENDERSON, STEVE LESQ  
756 BEACHLAND BOULEVARD  
VERO BEACH, FL 32963 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	SCHOMMER PROPERTIES, LLC
Address	4125 INDIAN RIVER DRIVE, E. C/O ALAN SCHOMMER
City-State-Zip:	VERO BEACH FL 32963
Title	DIRECTOR
Name	SCHOMMER, VICTORIA M
Address	4125 INDIAN RIVER DRIVE, E. C/O ALAN SCHOMMER
City-State-Zip:	VERO BEACH FL 32963

Title	MGR
Name	SCHOMMER, ALAN R
Address	4125 INDIAN RIVER DRIVE, E. C/O ALAN SCHOMMER
City-State-Zip:	VERO BEACH FL 32963
Title	DIRECTOR
Name	EVANS, AMANDA S
Address	5640 RICO DRIVE
City-State-Zip:	BOCA RATON FL 33487

*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:** ALAN REED SCHOMMER

**OWNER**

**03/17/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date