

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000092491

**Entity Name:** SARA FOUR, L.L.C.**Current Principal Place of Business:**327 SW 13TH ST  
DANIA, FL 33004**Current Mailing Address:**371 SW VISTA LAKE DRIVE  
PORT SAINT LUCIE, FL 34953 US**FEI Number:** 46-4299902**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SARA, REGINALD V  
371 SW VISTA LAKE DRIVE  
PORT SAINT LUCIE, FL 34953 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	SARA, REGINALD V
Address	122 N 15TH AVE
City-State-Zip:	HOLLYWOOD FL 33020

Title	MANAGER
Name	CARESTIO, LYDIA
Address	371 SW VISTA LAKE DRIVE
City-State-Zip:	PORT SAINT LUCIE FL 34953

Title	MANAGER
Name	SARA, REGINALD V III
Address	206 SE 4 STREET
City-State-Zip:	DANIA FL 33004

Title	MANAGER
Name	SARA, MICHAEL
Address	13962 WEST 20 PLACE
City-State-Zip:	GOLDEN CO 80401

*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:** REGINALD V SARA**MGRM****01/20/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date