

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000109545

**Entity Name:** 4 LEAF PLOVER LLC

**Current Principal Place of Business:**

27725 OLD 41 ROAD  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

3917 AMBOY ROAD  
STATEN ISLAND, NY 10308

**FEI Number:** 47-3803256

**Certificate of Status Desired:** No

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

VOTO, SHARON  
2427 MCGREGOR BLVD  
FORT MYERS, FL 33901 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:** SHARON VOTO

02/02/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AR  
Name VOTO, SHARON A  
Address 3917 AMBOY ROAD  
City-State-Zip: STATEN ISLAND NY 10308

Title MGR  
Name VOTO, MARK F SR.  
Address 3917 AMBOY ROAD  
City-State-Zip: STATEN ISLAND NY 10308

*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:** SHARON VOTO

MANAGER

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date