

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000109545

Entity Name: 4 LEAF PLOVER LLC

Current Principal Place of Business:

3522 PLOVER AVE
NAPLES, FL 34117

Current Mailing Address:

3917 AMBOY ROAD
STATEN ISLAND, NY 10308

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARYS, BEVERLY
1104 SE 46TH LANE
SUITE 2
CAPE CORAL, FL 33904 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 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

03/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date