## 2018 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:

PARYS, BEVERLY 3046 DEL PRADO BLVD 1C5 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: BEVERLY PARYS 03/29/2018

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title AR Title MGR

Name VOTO, SHARON A Name VOTO, MARK F SR.
Address 3917 AMBOY ROAD Address 3917 AMBOY ROAD

City-State-Zip: STATEN ISLAND NY 10308 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 AR 03/29/2018

FILED Mar 29, 2018

**Secretary of State** 

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