

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000173504

**Entity Name:** 4SUNSETS, LLC

**Current Principal Place of Business:**

2325 STONERIDGE RD.  
WINCHESTER, VA 22601

**Current Mailing Address:**

2325 STONERIDGE RD.  
WINCHESTER, VA 22601

**FEI Number:** 47-2967296

**Certificate of Status Desired:** No

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

NOVAK LAW GROUP, PLLC  
402 REID AVE.  
PORT ST. JOE, FL 32456 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 AMBR  
Name TUFTS, DAVID  
Address 2325 STONERIDGE RD.  
City-State-Zip: WINCHESTER VA 22601

Title AMBR  
Name KARTON, GARY  
Address 4413 1ST. ROAD SOUTH  
City-State-Zip: ARLINGTON VA 22204

Title AMBR  
Name KARTON, ALISSA  
Address 4413 1ST. ROAD SOUTH  
City-State-Zip: ARLINGTON VA 22204

Title AMBR  
Name TUFTS, TAMAR  
Address 2325 STONERIDGE RD.  
City-State-Zip: WINCHESTER VA 22601

*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:** TUFTS , DAVID

**MEMBER**

**02/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date