

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000004140

**Entity Name:** 4A LABS, LLC

**Current Principal Place of Business:**

3400 NE 192ND ST.  
1109  
AVENTURA, FL 33180

**Current Mailing Address:**

3400 NE 192ND ST.  
1109  
AVENTURA, FL 33180 US

**FEI Number:** 81-1074320

**Certificate of Status Desired:** No

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

CELENK, BORA  
3400 NE 192ND ST.  
1109  
AVENTURA, FL 33180 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:** BORA CELENK

04/28/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CELENK, BORA  
Address 3400 NE 192ND ST., STE. 1109  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name ALPAN, ERDEN  
Address 3400 NE 192ND ST., STE. 1109  
City-State-Zip: AVENTURA FL 33180

*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:** BORA CELENK

AMBR

04/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date