

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000033809

**Entity Name:** 4899 LLC

**Current Principal Place of Business:**

8640 SEMINOLE BLVD  
SEMINOLE, FL 33772

**Current Mailing Address:**

3716 N. POTSDAM AVE  
# 1808  
SIOUX FALLS, SD 57104 US

**FEI Number:** 81-1711922

**Certificate of Status Desired:** No

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

DELOACH, HOFSTRA & CAVONIS, P.A.  
8640 SEMINOLE BLVD.  
SEMINOLE, FL 33772 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 MGR  
Name HIEMANN, RONALD  
Address 3716 N. POTSDAM AVE  
# 1808  
City-State-Zip: SIOUX FALLS SD 57104

Title MGR  
Name HIEMANN, GABRIELE E  
Address 3716 N. POTSDAM AVE  
# 1808  
City-State-Zip: SIOUX FALLS SD 57104

*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:** GABRIELE HIEMANN

**MANGER**

**04/22/2020**

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

\_\_\_\_\_  
Date