

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000047316

**Entity Name:** 4 LEAF SERVICES LLC

**Current Principal Place of Business:**

1665 NE 145TH AVE RD  
SILVER SPRINGS, FL 34488

**Current Mailing Address:**

1665 NE 145TH AVE RD  
SILVER SPRINGS, FL 34488

**FEI Number:** 81-1770100

**Certificate of Status Desired:** No

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

PEDDYCORD, IAN-MICHAEL  
1665 NE 145TH AVE RD  
SILVER SPRINGS, FL 34488 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	Title	AMBR
Name	PEDDYCORD, IAN-MICHAEL	Name	VALERIO, PAULA
Address	1665 NE 145TH AVE RD	Address	1665 NE 145TH AVE RD
City-State-Zip:	SILVER SPRINGS FL 34488	City-State-Zip:	SILVER SPRINGS FL 34488

*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:** PAULA VALERIO

AMGR

02/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date