

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000128574

**Entity Name:** 4 SQUARE GROUP LLC.

**Current Principal Place of Business:**

3321 NW 63 AVE  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

3321 NW 63 AVE  
HOLLYWOOD, FL 33024 US

**FEI Number:** 81-3236200

**Certificate of Status Desired:** No

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

OSCEOLA, MAX  
3321 NW 63 AVE  
HOLLYWOOD, FL 33024 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:** MAX OSCEOLA

05/01/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | MGR, PARTNER       | Title           | AMBR               |
| Name            | OSCEOLA, MAX III   | Name            | OSCEOLA, MAX III   |
| Address         | 3321 NW 63 AVE     | Address         | 3321 NW 63 AVE     |
| City-State-Zip: | HOLLYWOOD FL 33024 | City-State-Zip: | HOLLYWOOD FL 33024 |

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | AUTHORIZED REPRESENTATIVE,<br>PARTNER |
| Name            | ALVAREZ, CARLA M                      |
| Address         | 1919 VAN BUREN ST<br>102              |
| City-State-Zip: | HOLLYWOOD FL 33020                    |

*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:** CARLA ALVAREZ

**AUTHORIZED  
REPRESENTATIVE**

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date