

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000024704

**Entity Name:** 4 SQUARED HOLISTIC SOLUTIONS, LLC

**Current Principal Place of Business:**

2050 RIVER PARK BOULEVARD  
ORLANDO, FL 32817

**Current Mailing Address:**

P.O. BOX 540522  
ORLANDO, FL 32854 US

**FEI Number:** 82-4262715

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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           | CEO                       | Title           | AUTHORIZED MEMBER          |
| Name            | AHONKHAI, LESLI P.        | Name            | AHONKHAI, OHIREIME ABRAHAM |
| Address         | 2050 RIVER PARK BOULEVARD | Address         | 2050 RIVER PARK BOULEVARD  |
| City-State-Zip: | ORLANDO FL 32817          | City-State-Zip: | ORLANDO FL 32817           |

*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:** LESLI AHONKHAI

CEO

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date