

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000073084

Entity Name: FOUR FACES GROUP, LLC**Current Principal Place of Business:**424 WASHINGTON AVENUE
GLENCOE, IL 60022**Current Mailing Address:**424 WASHINGTON AVENUE
GLENCOE, IL 60022**FEI Number:** 83-4432732**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERSON, PRESTON, KLEIN, LIPS, EISENBERG, GELBER PA.
4770 BISCAYNE BLVD. STE 400
MIAMI, FL 33137 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:** ALAN LIPS

01/24/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-------------------------|
| Title | AMBR |
| Name | DORFMAN, JOSHUA TRUSTEE |
| Address | 424 WASHINGTON AVENUE |
| City-State-Zip: | GLENCOE IL 60022 |

| | |
|-----------------|-----------------------|
| Title | AMBR |
| Name | DORFMAN, LISA TRUSTEE |
| Address | 424 WASHINGTON AVENUE |
| City-State-Zip: | GLENCOE IL 60022 |

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: DORFMAN, JOSHUA

MGR

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date