

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000173332

**Entity Name:** 4 PLAY AVIATION LLC

**Current Principal Place of Business:**

45 LAZY EIGHT DR.  
PORT ORANGE, FL 32128

**Current Mailing Address:**

45 LAZY EIGHT DR.  
PORT ORANGE, FL 32128

**FEI Number:** 30-9468678

**Certificate of Status Desired:** Yes

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

TURNER, BRUCE F  
45 LAZY EIGHT DR.  
PORT ORANGE, FL 32128 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 TURNER, BRUCE F  
Address 45 LAZY EIGHT DR.  
City-State-Zip: PORT ORANGE FL 32128

Title AUTHORIZED MEMBER  
Name TURNER, DOUGLAS DURRETT  
Address 1828 SPRUCE CREEK BLVD.  
City-State-Zip: PORT ORANGE FL 32128-6776

*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:** BRUCE F TURNER

MGR

02/13/2024

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

\_\_\_\_\_  
Date