

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000286568

**Entity Name:** ARTICLE IV, SECTION 4 - RECLAIM OUR REPUBLIC, LLC

**Current Principal Place of Business:**

9481 HIGHLAND OAK DR  
SUITE 1103  
TAMPA, FL 33647

**Current Mailing Address:**

PO BOX 47496  
16350 BRUCE B DOWNS BLVD  
TAMPA, FL 33647-9998 US

**FEI Number:** 85-1483116

**Certificate of Status Desired:** No

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

ALESSANDRINI, BERNARD  
9481 HIGHLAND OAK DR  
SUITE 1103  
TAMPA, FL 33647 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 MGRM  
Name ALESSANDRINI, BERNARD  
Address 9481 HIGHLAND OAK DR SUITE 1103  
City-State-Zip: TAMPA FL 33647

*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:** BERNARD ALESSANDRINI

MGRM

03/10/2021

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

\_\_\_\_\_  
Date