

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000089885

**Entity Name:** 4 CORNERS F.C. LLC

**Current Principal Place of Business:**

150 JOHN KNOX RD  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

17047 CAMBURY LN  
WILDWOOD, MO 63040 US

**FEI Number:** 85-0705881

**Certificate of Status Desired:** No

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

SULLIVAN, DAVID  
150 JOHN KNOX RD  
TALLAHASSEE, FL 32303 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 ADAMS, TYLER  
Address 10784 TARFLOWER DR UNIT 201  
City-State-Zip: VENICE FL 34293

*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:** TYLER ADAMS

**MANAGING MEMBER**

**02/07/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date