

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000253156

**Entity Name:** AMPS4, LLC

**Current Principal Place of Business:**

21371 SWEETWATER LANE NORTH  
BOCA RATON, FL 33428

**Current Mailing Address:**

21371 SWEETWATER LANE NORTH  
BOCA RATON, FL 33428 US

**FEI Number:** 85-2739066

**Certificate of Status Desired:** No

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

MALMAN, JILL  
5100 DUPONT BLVD. 7E  
FORT LAUDERDALE, FL 33308 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           | AMBR                     | Title           | AMBR                        |
| Name            | MALMAN, JILL             | Name            | TANZER, HENRY               |
| Address         | 5100 DUPONT BLVD. #7E    | Address         | 21371 SWEETWATER LANE NORTH |
| City-State-Zip: | FORT LAUDERDALE FL 33308 | City-State-Zip: | BOCA RATON FL 33428         |

*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:** JILL MALMAN

AMB\$R

02/13/2024

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

\_\_\_\_\_  
Date