

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000104536

**Entity Name:** 4 CORNERS LLC

**Current Principal Place of Business:**

259 MISSISSIPPI AVE  
VALPARAISO, FL 32580

**Current Mailing Address:**

259 MISSISSIPPI AVE  
VALPARAISO, FL 32580 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MARSHALL, SARAH P  
259 MISSISSIPPI AVE  
VALPARAISO, FL 32580 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            OWNER/OPERATOR  
Name            MARSHALL, SARAH PAIGE OWNER  
Address        259 MISSISSIPPI AVE  
City-State-Zip: VALPARAISO FL 32580

*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:** SARAH MARSHALL

OWNER

01/17/2023

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

\_\_\_\_\_ Date