

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000306953

**Entity Name:** 4TEEN TRAINING LLC

**Current Principal Place of Business:**

469 BURNT TREE LN  
APOPKA, FL 32712

**Current Mailing Address:**

469 BURNT TREE LN  
APOPKA, FL 32712 US

**FEI Number:** 87-1582156

**Certificate of Status Desired:** No

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

REYNOLDS, REED  
469 BURNT TREE LN  
APOPKA, FL 32712 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            PRESIDENT  
Name            REYNOLDS, REED  
Address        469 BURNT TREE LN  
City-State-Zip: APOPKA FL 32712

*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:** REED REYNOLDS

PRESIDENT

03/15/2023

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

\_\_\_\_\_ Date