

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000148596

Entity Name: 4 LEAFs, LLC

Current Principal Place of Business:

8744 LOST COVE DRIVE
ORLANDO, FL 32819

Current Mailing Address:

8744 LOST COVE DRIVE
ORLANDO, FL 32819

FEI Number: 88-1795220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARBON, RENATO
8744 LOST COVE DRIVE
ORLANDO, FL 32819 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	MGR	Title	MANAGER
Name	BARBON, RENATO	Name	CAMPBELL, CORY
Address	8744 LOST COVE DR	Address	8744 LOST COVE DRIVE
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819

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: RENATO BARBON

MANAGER

02/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date