

**2023 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**

**01/31/2023**

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

\_\_\_\_\_  
Date