

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000500542

**Entity Name:** 4LABS LLC

**Current Principal Place of Business:**

4920 DATE PALM ST.  
COCOA, FL 32927

**Current Mailing Address:**

4920 DATE PALM ST.  
COCOA, FL 32927 US

**FEI Number:** 92-1220389

**Certificate of Status Desired:** No

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

ALLISON, DELIA R  
4920 DATE PALM ST.  
COCOA, FL 32927 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	MGR
Name	ALLISON, DELIA R	Name	ALLISON, JARED K
Address	4920 DATE PALM ST.	Address	4920 DATE PALM ST.
City-State-Zip:	COCOA FL 32927	City-State-Zip:	COCOA FL 32927

*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:** DELIA ALLISON

**OWNER**

**02/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date