

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000002765

**Entity Name:** 4 PRODUCTIONS DE, LLC

**Current Principal Place of Business:**

23 NORFOLK AVENUE  
SUITE C  
S. EASTON, MA 02375-1187

**Current Mailing Address:**

23 NORFOLK AVENUE  
SUITE C  
S. EASTON, MA 02375-1187 US

**FEI Number:** 26-0613367

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           KING, DAVID  
Address        23 NORFOLK AVE  
                  SUITE C  
City-State-Zip: SOUTH EASTON MA 02375-1187

Title           MANAGER  
Name           NIXON, WILLIAM JR  
Address        23 NORFOLK AVE  
                  SUITE F  
City-State-Zip: SOUTH EASTON MA 02375-1187

Title           CONTROLLER  
Name           STUDLEY, LISA  
Address        23 NORFOLK AVE  
                  SUITE F  
City-State-Zip: SOUTH EASTON MA 02375-1187

*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:** WILLIAM F. NIXON JR.

**MANAGER**

**04/21/2023**

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

\_\_\_\_\_ Date