

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011065

**Entity Name:** FOUR GOOD BROTHERS, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD. SUITE 1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD. SUITE 1050  
CORAL GABLES, FL 33134

**FEI Number:** 26-4234749

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD SUITE 1050  
CORAL GABLES, FL 33134 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 MGRM  
Name KLEIN, ENRIQUE A  
Address ALVEAR 376 MARTINEZ BUENOS AIRES  
City-State-Zip: CP 1640 ARGENTINA XX XX

Title MGRM  
Name DE KLEIN, MAUREENE D  
Address ALVEAR 376 MARTINEZ BUENOS AIRES  
City-State-Zip: CP 1640 ARGENTINA XX XX

Title MGRM  
Name KLEIN, IAN J  
Address ALVEAR 376 MARTINEZ BUENOS AIRES  
City-State-Zip: CP 1640 ARGENTINA XX XX

*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:** KLEIN , ENRIQUE A

MGRM

03/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date