

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091156

**Entity Name:** 4 CHEEKS, LLC

**Current Principal Place of Business:**

15951 SW 41ST STREET  
SUITE 800  
DAVIE, FL 33331

**Current Mailing Address:**

15951 SW 41ST STREET  
SUITE 800  
DAVIE, FL 33331 US

**FEI Number:** 45-2939072

**Certificate of Status Desired:** No

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

FLECHNER, ILENE  
15951 SW 41ST STREET  
SUITE 800  
DAVIE, FL 33331 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:** ILENE FLECHNER

04/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ILENE FLECHNER  
Address 15951 SW 41ST STREET  
SUITE 800  
City-State-Zip: DAVIE FL 33331

Title AUTHORIZED MEMBER  
Name FLECHNER, JACK  
Address 15951 SW 41ST STREET  
SUITE 800  
City-State-Zip: DAVIE FL 33331

*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:** JACK FLECHNER

RA

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date