| Current Mailing Address: | | | | |
|---|---|--|--|--|
| 6401 SPYGLASS LANE BRADENTON, FL 34202-1708 US | | | | |
| FEI Number: 46-0980930 | Certificate of Status Desired: Yes | | | |
| Name and Address of Current Registered Agent: | | | | |
| O'CONNOR, EDWARD J 6401 SPYGLASS LANE BRADENTON, FL 34202-1708 US | | | | |
| The above named entity submits this statement for the purpose of changing its registere | d office or registered agent, or both, in the State of Florida. | | | |
| SIGNATURE: EDWARD J. O'CONNOR | 01/12/2017 | | | |
| Electronic Signature of Registered Agent | Date | | | |
| Authorized Person(s) Detail : | | | | |
| Title MANAGING MEMBER Ti | tle MANAGER | | | |

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000117472

Entity Name: FOUR LEAF CLOVER MANAGEMENT, LLC

Current Principal Place of Business:

6401 SPYGLASS LANE BRADENTON, FL 34202-1708

Current Mailing Address

| Authorized Person(s) Detail : | | | |
|-------------------------------|-------------------------|-----------------|-------------------------|
| Title | MANAGING MEMBER | Title | MANAGER |
| Name | O'CONNOR, EDWARD J | Name | O'CONNOR, KAREN A |
| Address | 6401 SPYGLASS LANE | Address | 6401 SPYGLASS LANE |
| City-State-Zip: | BRADENTON FL 34202-1708 | City-State-Zip: | BRADENTON FL 34202-1708 |

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: EDWARD J. O'CONNOR

01/12/2017 MANAGING MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 12, 2017 **Secretary of State** CC5402072236