

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000136997

**Entity Name:** WUSF 4 HARVEST GROVE S, LLC

**Current Principal Place of Business:**

8800 N. GAINEY CENTER DR.  
SUITE 345  
SCOTTSDALE, AZ 85258

**Current Mailing Address:**

8800 N. GAINEY CENTER DR.  
SUITE 345  
SCOTTSDALE, AZ 85258 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
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, MEMBER  
Name           WALTON U.S. LAND FUND 4, LP  
Address       8800 N. GAINEY CENTER DR.  
                  SUITE 345  
City-State-Zip: SCOTTSDALE AZ 85258

*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:** WALTON U.S. LAND FUND 4, LP

**MEMBER**

**04/19/2022**

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

\_\_\_\_\_  
Date