

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000057394

**Entity Name:** FOUR FATHERS DISTILLERY LLC**Current Principal Place of Business:**2917 BORDEN STREET  
JACKSONVILLE, FL 32209**Current Mailing Address:**4538 RIVER TRAIL RD  
JACKSONVILLE, FL 32277 US**FEI Number:** 47-3600831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, DAN  
4538 RIVER TRAIL RD  
JACKSONVILLE, FL 32277 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	MGR
Name	JONES, DAN
Address	4538 RIVER TRAIL RD
City-State-Zip:	JACKSONVILLE FL 32277

Title	AMBR
Name	DANIELS, SANDRA
Address	12790 AVALON AVENUE
City-State-Zip:	JACKSONVILLE FL 32224

Title	AMBR
Name	FREEDMAN, BARRY
Address	5211 MANN MANOR LANE
City-State-Zip:	JACKSONVILLE FL 32210

Title	AMBR
Name	FREEDMAN, MICHELE
Address	5211 MANN MANOR LANE
City-State-Zip:	JACKSONVILLE FL 32210

*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:** SANDRA DANIELS DANIELS**OWNER****04/14/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date