

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000188277

Entity Name: US FOUR LEAVES LLC

Current Principal Place of Business:

11353 NW 65 ST
DORAL, FL 33178

Current Mailing Address:

11353 NW 65 ST
DORAL, FL 33178 US

FEI Number: 47-5528320

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CABELLO DE STICKLER, CLAUDIA N
11353 NW 65 ST
DORAL, FL 33178 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: CLAUDIA N CABELLO DE STICKLER

02/01/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AR
Name CABELLO DE STICKLER, CLAUDIA N
Address 11353 NW 65 ST
City-State-Zip: DORAL FL 33178

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: CLAUDIA N CABELLO DE STICKLER

MRS

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date