

**2018 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

01/10/2018

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

AR

01/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date