

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000058055

**Entity Name:** SOUTH FLORIDA 4X4 LLC

**Current Principal Place of Business:**

5140 NW 47TH AVE  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

5140 NW 47TH AVE  
COCONUT CREEK, FL 33073

**FEI Number: 81-1954563**

**Certificate of Status Desired: Yes**

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

FOLKERTS, ADAM  
5140 NW 47TH AVE  
COCONUT CREEK, FL 33073 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	Title	MGR
Name	FOLKERTS, ADAM	Name	FOLKERTS, NICOLE
Address	5140 NW 47TH AVE	Address	5140 NW 47TH AVE
City-State-Zip:	COCONUT CREEK FL 33073	City-State-Zip:	COCONUT CREEK FL 33073

*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: ADAM FOLKERTS**

**OWNER**

**02/25/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date