

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000089654

Entity Name: L 4 VENTURES LLC**Current Principal Place of Business:**19648 BACK NINE DR
BOCA RATON, FL 33498**Current Mailing Address:**19648 BACK NINE DR
BOCA RATON, FL 33498 US**FEI Number:** 81-2635334**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARON, DAVID EZEQUIEL
19648 BACK NINE DR
BOCA RATON, FL 33498 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:** DAVID ARON

02/02/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name LQUATRO INVESTMENTS CORP
Address 19648 BACK NINE DR
City-State-Zip: BOCA RATON FL 33498

Title MANAGER
Name ARON, DAVID EZEQUIEL
Address 19648 BACK NINE DR
City-State-Zip: BOCA RATON FL 33498

Title PRESIDENT
Name ARON, DAVID EZEQUIEL
Address 19648 BACK NINE DR
City-State-Zip: BOCA RATON FL 33498

Title TREASURER
Name ARON, DAVID EZEQUIEL
Address 19648 BACK NINE DR
City-State-Zip: BOCA RATON FL 33498

Title SECRETARY
Name ARON, DAVID EZEQUIEL
Address 19648 BACK NINE DR
City-State-Zip: BOCA RATON FL 33498

Title MANAGER
Name SELENER, TAMARA
Address 19648 BACK NINE DR
City-State-Zip: BOCA RATON FL 33498

Title MANAGER
Name CHOICE INTEGRATED SERVICES LLC
Address 19648 BACK NINE DR
City-State-Zip: BOCA RATON FL 33498

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: DAVID ARON

MANAGER

02/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date