

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000029351

**Entity Name:** ALL 4 USA LLC

**Current Principal Place of Business:**

1670 HERCULES AVE  
UNIT L  
CLEARWATER, FL 33765

**Current Mailing Address:**

1670 HERCULES AVE  
UNIT L  
CLEARWATER, FL 33765 US

**FEI Number:** 36-4859405

**Certificate of Status Desired:** No

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

BEST PRO SERVICES INC  
6457 CENTRAL AVE  
ST PETERSBURG, FL 33710 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            AMBR  
Name            SMAKOTIN, VADIM V  
Address        224 WAVERLY WAY, APT. #10  
City-State-Zip: CLEARWATER FL 33756

*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:** SMAKOTIN , VADIM V

AMBR

01/29/2018

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date