

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000101641

**Entity Name:** DB4M, LLC**Current Principal Place of Business:**6851SEMARICAMP RD  
STE C  
OCALA, FL 34472-2813**Current Mailing Address:**18593 NW 20TH AVENUE  
CITRA, FL 32113 US**FEI Number:** 82-1441455**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLS, EDWARD R  
18593 NW 20TH AVENUE  
CITRA, FL 32113 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                  |
| Name            | MILLS, EDWARD R      |
| Address         | 18593 NW 20TH AVENUE |
| City-State-Zip: | CITRA FL 32113       |

|                 |                      |
|-----------------|----------------------|
| Title           | MGR                  |
| Name            | MILLS, PEGGY J       |
| Address         | 18593 NW 20TH AVENUE |
| City-State-Zip: | CITRA FL 32113       |

|                 |                     |
|-----------------|---------------------|
| Title           | MGR                 |
| Name            | MILLS, EDWARD S     |
| Address         | 1950 NW 186TH PLACE |
| City-State-Zip: | CITRA FL 32113      |

|                 |                     |
|-----------------|---------------------|
| Title           | MGR                 |
| Name            | MILLS, JEANNINE L   |
| Address         | 1950 NW 186TH PLACE |
| City-State-Zip: | CITRA FL 32113      |

*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:** PEGGY J. MILLS

OWNER/BOOKKEEPER

06/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date