

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000239662

**Entity Name:** 4 PARTNERS MANAGEMENT AND CONSULTING, LLC.

**Current Principal Place of Business:**

1490 NW FEDERAL HWY  
STUART, FL 34994

**Current Mailing Address:**

1490 NW FEDERAL HWY  
STUART, FL 34994

**FEI Number:** 82-3489533

**Certificate of Status Desired:** No

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

WERNICK, PETER DAVID  
1490 NW FEDERAL HWY  
STUART, FL 34994 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:** PETER WERNICK

03/28/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name G AND S MANAGEMENT SERVICES, LLC  
Address 4883 MACEDONIA CHURCH ROAD  
City-State-Zip: FAYETTEVILLE NC 28312

Title AMBR  
Name SWAF CONSULTING, LLC.  
Address 3041 BROOKCROSSING DRIVE  
City-State-Zip: FAYETTEVILLE NC 28306

Title AMBR  
Name H2O CONSULTING, INC.  
Address 1490 NW FEDERAL HWY  
City-State-Zip: STUART FL 34994

Title AMBR  
Name H2O HOLDINGS, LLC.  
Address 1490 NW FEDERAL HWY  
City-State-Zip: STUART FL 34994

*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:** PETER WERNICK

MBR

03/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date