

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000243282

**Entity Name:** 4COREBIZ LLC

**Current Principal Place of Business:**

13692 CROSSPOINTE DR  
WEST PALM BEACH, FL 33418

**Current Mailing Address:**

PO BOX 8141  
CORAL SPRINGS, FL 33075

**FEI Number:** 83-2181581

**Certificate of Status Desired:** No

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

GROPMAN, ALAN S  
13692 CROSSPOINTE DR  
WEST PALM BEACH, FL 33418 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            MBR  
Name            GROPMAN, ALAN S  
Address        13692 CROSSPOINTE DR  
City-State-Zip: WEST PALM BEACH FL 33418

*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:** ALAN GROPMAN

**MANAGING MEMBER**

**03/19/2020**

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

\_\_\_\_\_  
Date