

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000236163

**Entity Name:** 4TH DIMENSION FAB, LLC

**Current Principal Place of Business:**

1223 SPINNAKER DR.  
LAKELAND, FL 33805

**Current Mailing Address:**

1223 SPINNAKER DR.  
LAKELAND, FL 33805

**FEI Number:** 81-2153707

**Certificate of Status Desired:** Yes

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

WILLIAMS, DWAYNE K  
3615 CENTURY BLVD.  
4 B  
LAKELAND, FL 33811 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            PRESIDENT  
Name            WILLIAMS, DWAYNE K  
Address        1223 SPINNAKER DR.  
City-State-Zip: LAKELAND FL 33805

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:** DWAYNE KEITH WILLIAMS

**PRESIDENT**

**06/29/2020**

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

\_\_\_\_\_  
Date