

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000154971

**Entity Name:** BEEKS 4, LLC

**Current Principal Place of Business:**

4725 ALMAR DR.  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

425 HUEHL RD.  
BUILDING 2  
NORTHBROOK, IL 60062 US

**FEI Number:** 86-2671513

**Certificate of Status Desired:** No

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

GAGERMAN, JEROME  
4725 ALMAR DR.  
PUNTA GORDA, FL 33950 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 AR  
Name GAGERMAN, PAUL  
Address 425 HUEHL RD. BUILDING 2  
City-State-Zip: NORTHBROOK IL 60062

Title AR  
Name GAGERMAN, GARY  
Address 7927 TALAVERA PLACE  
City-State-Zip: DEL RAY BEACH FL 33446

Title AR  
Name GAGERMAN, TODD  
Address 4233 ALDEN DR.  
City-State-Zip: EDINA MN 55416

Title AR  
Name WESTGATE HOLDINGS, LLC  
Address 425 HUEHL RD. BUILDING 2  
City-State-Zip: NORTHBROOK IL 60062

*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:** PAUL GAGERMAN

**GENERAL COUNSEL**

**01/26/2023**

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

\_\_\_\_\_  
Date