

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000230961

**Entity Name:** FOUR LOONS NORTH AMERICA, LLC

**Current Principal Place of Business:**

4121 SAWGRASS POINT DR., UNIT C102  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

4121 SAWGRASS POINT DR., UNIT C102  
BONITA SPRINGS, FL 34134 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FLORIDA FILING & SEARCH SERVICES, INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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 CLAFFY, JOHN ROBERT  
Address 2128 N. HUDSON AVE., UNIT 304  
City-State-Zip: CHICAGO IL 60614

Title MGR  
Name CLAFFY, KEVIN JOSEPH  
Address 5032 LAWN AVE  
City-State-Zip: WESTERN SPRINGS IL 60558

*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:** JOHN ROBERT CLAFFY

**MANAGER**

**03/07/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date