

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000033479

1. Entity Name
FOUR AMIGOS, LLC



Principal Place of Business
**11478 PINE STREET
JACKSONVILLE, FL 32258**

Mailing Address
**P.O. BOX 56644
JACKSONVILLE, FL 32241**



04232007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1124816

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DUDLEY, JOHNNY L
STREET ADDRESS	11478 PINE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGRM
NAME	DUDLEY, DANIEL P
STREET ADDRESS	11478 PINE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGRM
NAME	MURPHY, CLINT
STREET ADDRESS	11555 CENTRAL PARKWAY, SUITE 1102
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	MGRM
NAME	MCKELLER, ROBERT
STREET ADDRESS	7633 RICKER ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000734093
05/09/07-80113-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Clint Murphy

4-25-07

904
645-0644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #