

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000059204

**Entity Name:** SHOTGUN SUBS IV, LLC

**Current Principal Place of Business:**

325 EAST PACES FERRY RD.  
SUITE 908  
ATLANTA, GA 30305

**Current Mailing Address:**

325 EAST PACES FERRY RD.  
SUITE 908  
ATLANTA, GA 30305

**FEI Number:** 45-2314601

**Certificate of Status Desired:** No

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

LANE, VIRGINIA L  
1431 NOTTINGHAM STREET  
ORLANDO, FL 32803 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 MGRM  
Name SCOTT, COCHRAN AIII  
Address 325 EAST PACES FERRY RD., SUITE 908  
City-State-Zip: ATLANTA GA 30305

Title MGRM  
Name SCOTT, PATRICK D  
Address 325 EAST PACES FERRY RD., SUITE 908  
City-State-Zip: ATLANTA GA 30305

Title MGRM  
Name BROWN, JONATHAN T  
Address 705 TOWN BOULEVARD, APT. 239  
City-State-Zip: ATLANTA GA 30319

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JONATHAN T BROWN

MGRM

01/24/2013

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

\_\_\_\_\_  
Date