

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90188 035 \*\*\*\*50.00

**DOCUMENT # L00000007096**

1. Entity Name  
**4 GROWTH, L.L.C.**



Principal Place of Business  
**9887 DOMINGO DRIVE  
BROOKSVILLE, FL 34601**

Mailing Address  
**PO BOX 2153  
OLDSMAR, FL 34677**



01122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3633270</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MULLEN, FRANCIS J  
17810 SIMMS ROAD  
ODESSA, FL 33556**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLEN, FRANCIS J 17810 SIMMS ROAD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAIR, JAMES R 445 FOREST PARK RD OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIESE, GAY A 9887 DOMINGO DR BROOKSVILLE, FL 34601
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Frank Mullen* **FRANK MULLEN** *1/27/04* *X813-855-4389*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #