


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90050 022 ***138.75

DOCUMENT # L01000002095 1. Entity Name 4 ARROWS RANCH, LLC	
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Principal Place of Business 12970 NE HWY 315 FORT MCCOY, FL 32134	Mailing Address 12970 NE HWY 315 FORT MCCOY, FL 32134 4135 E Hwy 318 Citra FL 32113
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04092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3615895	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HALLMAN-WINDHAM, LEE
12970 NE HWY 315
FORT MCCOY, FL 32134

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINDHAM, LEE H 12970 NE HWY 315 FORT MC COY, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINDHAM, JAMES W 12970 NE HWY 315 FORT MC COY, FL 32134
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05/13/08 04-3615895-020 138.75

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IN THIS SPACE**

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: Lee Hallman Windham 4/21/08 352 438 0160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #