

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90018 029 ****50.00

DOCUMENT # L01000002657

1. Entity Name

FOUR-A, LLC



Principal Place of Business

Mailing Address

~~7421 CONROY ROAD~~
~~ORLANDO FL 32835~~

~~7421 CONROY ROAD~~
~~ORLANDO FL 32835~~

2. Principal Place of Business

609 Front St

3. Mailing Address

609 Front St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Celebration, FL

City & State

Celebration, FL

Zip

34747

Country

USA

Zip

34747

Country

USA

4. FEI Number 38-3431707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, GARY L JR.
7421 CONROY ROAD
ORLANDO FL 32835

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME NELSON, GARY L JR.
STREET ADDRESS ~~7421 CONROY ROAD~~ 609 Front St
CITY-ST-ZIP ~~ORLANDO FL 32835~~ Celebration, FL.
34747

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TITLE ☐ Change ☐ Addition

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:

[Signature]

3-18-03

407-566-1146

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

Date

Daytime Phone #

CR2E083 (10/02)