

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90096 027 ****55.00

DOCUMENT # L02000006223

1. Entity Name
FOUR WISHES, LTD. CO.



Principal Place of Business

**1135 SE MAPLE STREET
HIGH SPRINGS FL 32643
US**

Mailing Address

**1135 SE MAPLE STREET
HIGH SPRINGS FL 32643
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0566190

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

**NEWSOME, KAREN S
12911 FOREST GLEN COURT SOUTH
JACKSONVILLE FL 32224**

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 **Karen Newsome**

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

(NOTE: Registered Agent signature required when reinstating)

9-1-03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **NEWSOME, KAREN S**
STREET ADDRESS **12911 FOREST GLEN COURT SOUTH**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **STANDIFER, KIM D**
STREET ADDRESS **1135 SE MAPLE STREET**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **GARDNER, COLLETTE R**
STREET ADDRESS **16507 NORTHWEST 141 STREET**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **THORNTON, SHANETTE P**
STREET ADDRESS **610 RAEMAR DRIVE**
CITY-ST-ZIP **COLORADO SPRINGS CO 80911**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kim Standifer

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

Date

Daytime Phone #

Sep 2, 2003 866 454-9713

CR2E083 (4/03)