

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

DOCUMENT # L02000012677

1. Entity Name
STAND-ART FOUR, LLC



04-23-2007 90502 001 ****25.00
04-23-2007 90502 002 ****25.00

Principal Place of Business
1820 N. CORPORATE LAKES BLVD.
SUITE 206
WESTON, FL 33326 US

Mailing Address
1820 N. CORPORATE LAKES BLVD.
SUITE 206
WESTON, FL 33326 US

30005468



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
04-3678164

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

SIFONTES, LUIS
1820 N CORPORATE LAKES
STE 206
WESTON, FL 33326

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
L & L CONSULTANTS & INVESTMENT, CORP.
833 REGAL COVE RD.
WESTON, FL 33327

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
ACECON CONSTRUCTION, CORP.
1820 N. CORPORATE LAKES STE206
WESTON, FL 33326

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
ACECON LLC
1820 N. CORPORATE LAKES STE 206
WESTON, FL 33326

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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: X

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

04/11/2007 954 217 8616

Date

Daytime Phone #