

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000032592

1. Entity Name

FOUR MILE HIGH, LLC



Principal Place of Business

158 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

Mailing Address

158 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number 11-3672100

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

FALLACE, JAMES H
FALLACE & LARKIN, L.C.
1900 S. HICKORY STREET, STE. A
MELBOURNE FL 32901

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, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ZIZZO, ANTHONY ☐ Delete
STREET ADDRESS 158 N HARBOR CITY BLVD
CITY - ST - ZIP MELBOURNE FL 32935

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
U00000042170
02/10/04-80012-023 50.00
☐ Change ☐ Addition

TITLE P
NAME LOVE, RICHARD ☐ Delete
STREET ADDRESS 158 N HARBOR CITY BLVD
CITY - ST - ZIP MELBOURNE FL 32935

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

321-751-4201
2/6/04