

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008824

Entity Name: 4F'S & W, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

3816 LITTLE COUNTRY ROAD
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

3816 LITTLE COUNTRY ROAD
PARRISH, FL 34219

New Mailing Address:

FEI Number: 56-2361882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRASIER, JOSEPH J
3816 LITTLE COUNTRY ROAD
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRASIER, JOSEPH J
Address: 3816 LITTLE COUNTRY RD
City-St-Zip: PARRISH, FL 34219

Title: MGR () Delete
Name: FRASIER, AMY L
Address: 3816 LITTLE COUNTRY RD
City-St-Zip: PARRISH, FL 34219

Title: MGR () Delete
Name: WILCOX, CRAIG L
Address: 39040 DONALD
City-St-Zip: LIVONIA, MI 48154

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMY L FRASIER

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date