

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028803

Entity Name: S FOUR, LLC

FILED  
Apr 05, 2009  
Secretary of State

## Current Principal Place of Business:

1515 S.W. 97TH WAY  
DAVIE, FL 33324

## New Principal Place of Business:

10150 N.W. 58TH COURT  
PARKLAND, FL 33076

## Current Mailing Address:

1515 S.W. 97TH WAY  
DAVIE, FL 33324

## New Mailing Address:

10150 N.W. 58TH COURT  
PARKLAND, FL 33076

FEI Number: 04-3825675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLONE, IVAN  
1515 S.W. 97TH WAY  
DAVIE, FL 33324 US

## Name and Address of New Registered Agent:

JOHNSON, SCOTT W  
10150 N.W. 58TH COURT  
PARKLAND, FL 33076 US

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: SCOTT W. JOHNSON

04/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SLOAN, IVAN  
Address: 1515 SOUTHWEST 97TH WAY  
City-St-Zip: DAVIE, FL 33324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: JOHNSON, SCOTT W  
Address: 10150 N.W. 58TH COURT  
City-St-Zip: PARKLAND, FL 33076

Title: MGR ( ) Change (X) Addition  
Name: JOHNSON, SAMANTHA  
Address: 10150 N.W. 58TH COURT  
City-St-Zip: PARKLAND, FL 33076

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: SCOTT W. JOHNSON

MGRM

04/05/2009

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