2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033479

Entity Name: FOUR AMIGOS, LLC

MURPHY, CLINT

MGRM

JACKSONVILLE, FL 32224

JACKSONVILLE, FL 32244

MCKELLER, ROBERT

7633 RICKER ROAD

() Delete

11555 CENTRAL PARKWAY, SUITE 1102

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11478 PINE STREET 11476 PINE STREET JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258 **Current Mailing Address: New Mailing Address:** P.O. BOX 56644 11476 PINE STREET JACKSONVILLE, FL 32241 JACKSONVILLE, FL 32258 FEI Number: 20-1124816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATTERSON, BOND & LATSHAW, P.A. DUDLEY, DANIEL P 3010 SOUTH THIRD STREET 11476 PINE ST. JACKSONVILLE BEACH, FL 32250 JACKSONVILLE, FL 32258 US 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: DANIEL P. DUDLEY 04/28/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DUDLEY, JOHNNY L Name: Name: 11478 PINE STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DUDLEY, DANIEL P Name: Name: Address: 11476 PINE STREET Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: DANIEL P. DUDLEY MGRM 04/28/2009