

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057514

Entity Name: F-4 RESTORATION LLC

FILED
Jul 18, 2008
Secretary of State

Current Principal Place of Business:

17507 NW 94TH AVE
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

17507 NW 94TH AVE
ALACHUA, FL 32615 US

New Mailing Address:

FEI Number: 74-3077716 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:

FAULKNER, DEBRA
17507 NW 94TH AVE
ALACHUA, FL 32615 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: P () Delete
Name: FAULKNER, JOE S
Address: 17507 NW 94TH AVE
City-St-Zip: ALACHUA, FL 32615 US

Title: VP () Delete
Name: FAULKNER, DEBRA
Address: 17507 NW 94TH AVE
City-St-Zip: ALACHUA, FL 32615 US

ADDITIONS/CHANGES:

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: DEBRA L. FAULKNER

VP

07/18/2008

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