

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000070388 1. Entity Name FOUR CORNERS REMODELING, LLC	
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Principal Place of Business 137 RIO COURT DAVENPORT, FL 33896	Mailing Address 137 RIO COURT DAVENPORT, FL 33896
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DO NOT WRITE IN THIS SPACE



07202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1652056	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent LONG, JOHN A 137 RIO COURT DAVENPORT, FL 33896	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

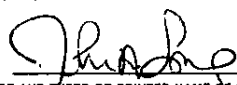
Filing Fee is \$50.00
Due by September 6, 2006

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08/09/06-80001-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONG, JOHN A 137 RIO COURT DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONG, NORITA R 137 RIO COURT DAVENPORT, FL 33896
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:   **8/4/06** **863-557-5988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JOHN A. LONG

NORITA R. LONG