


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 AM**  
**Secretary of State**

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



02212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-1652056</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LONG, JOHN A 137 RIO COURT DAVENPORT, FL 33896</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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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000000850358  
03/24/08-80003-008 138.75

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:** John A. Long John A. Long 3/2/08 863-420-9326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #