

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000016618

Entity Name: 4 AMIGOS OF FWB, L.L.C.

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1083 TREE POINT DRIVE  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

1083 TREE POINT DRIVE  
FORT WALTON BEACH, FL 32547 US

**New Mailing Address:**

FEI Number: 20-2343203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NELSON, BARBARA A  
1083 TREE POINT DRIVE  
FORT WALTON BEACH, FL 32547 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: MGR  
Name: NELSON, BARBARA A  
Address: 1083 TREE POINT DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM  
Name: NELSON, DANIEL R  
Address: 1083 TREE POINT DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM  
Name: SINER, ASHLEY K  
Address: 216 COUNTRY CLUB ROAD  
City-St-Zip: SHALIMAR, FL 32579 US

Title: MGRM  
Name: NELSON, REED B  
Address: 3112 OAK ST  
City-St-Zip: JACKSONVILLE, FL 32205 US

I hereby 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: BARBARA A NELSON

MGR

01/13/2010

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