

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026367

Entity Name: JUST THE FOUR OF US, LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

9831 N.W. 58TH STREET  
UNIT #131  
DORAL, FL 33178

**New Principal Place of Business:**

2665 S. BAYSHORE DR.  
SUITE 703  
MIAMI, FL 33133

999 BRICKELL AVENUE  
SUITE 600  
MIAMI, FL 33131

FEI Number: 20-2516661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POLANSKY, MITCHELL S ESQ.  
2665 SOUTH BAYSHORE DRIVE, SUITE 703  
MIAMI, FL 33133 US

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

POLANSKY, MITCHELL S ESQ.  
999 BRICKELL AVENUE  
SUITE 600  
MIAMI, FL 33131 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: MITCHELL S. POLANSKY

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RAMOS, FRANCISCO A  
Address: 3162 S.W. 173RD TERRACE  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: RAMOS, ANA M  
Address: 3162 S.W. 173RD TERRACE  
City-St-Zip: MIRAMAR, FL 33029

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: FRANCISCO A. RAMOS

MGR

04/29/2009

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