

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000079340 1. Entity Name FOUR PRODUCTION, LLC					
Principal Place of Business 825 WEST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009 US			Mailing Address 825 WEST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 16-1729568				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LYON, JAMES B ESQ 3300 UNIVERSITY DRIVE 802 CORAL SPRINGS FL 33065			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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's signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			000000855248 03/13/07-80098-022 50.00		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AWALE, AHMAD 825 WEST HALLANDALE BEACH BOULEVARD HALLANDALE FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCALA, GERALD A 5910 NW 63RD WAY PARKLAND FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LADHANI, KARIM 16531 SW 18TH STREET MIRAMAR FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Ahmad Awale</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			3/1/07 Date		
9544558800 Daytime Phone #					