

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90079 044 ***138.75

DOCUMENT # L05000114728

1. Entity Name
M4 PROPERTIES, L.L.C.



60009031

Principal Place of Business
**369 W. MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569**

Mailing Address
**369 W. MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-3911325

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOSTER, WILLIAM S
909 MAR WALT DRIVE
1014
FORT WALTON BEACH, FL 32547**

Name **MCTYEIRE, ROBERT A**

Street Address (P.O. Box Number is Not Acceptable)
369 W. MIRACLE STRIP PARKWAY

City **MARY ESTHER** FL Zip Code **32569**

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

Robert A. McTyre

(NOTE: Registered Agent signature required when reinstating)

1/23/08

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **MCTYEIRE, ROBERT A**
STREET ADDRESS **369 WEST MIRACLE STRIP PKWY**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **MCTYEIRE, WILLIAM W III**
STREET ADDRESS **835 HILLSIDE DR**
CITY-ST-ZIP **LINVILLE, NC 28646**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **MILLHOUSE, KATHERINE M**
STREET ADDRESS **4025 OLD LEEDS CIR**
CITY-ST-ZIP **BIRMINGHAM, AL 35213**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **DRENNEN, HELEN M**
STREET ADDRESS **25 WOODHILL RD**
CITY-ST-ZIP **BIRMINGHAM, AL 35213**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert A. McTyre

2/13/08

850-664-6859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #