

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90061 001 ***555.00

DOCUMENT # L06000027356

1. Entity Name
NORTHPORT INVESTMENTS #4, L.L.C.



Principal Place of Business

9582 W COLONIAL DR
OCOE, FL 34761

Mailing Address

9582 W COLONIAL DR
OCOE, FL 34761

00000000



02062008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-0488888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDING, ROBERT ESQUIRE
20 N. EOLA DRIVE
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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
MGRM
DINKEL, MICHAEL D
9582 W COLONIAL DR
OCOE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Michael D Dinkel 2/6/08 407-363-6700