

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90031 026 \*\*\*138.75

**DOCUMENT # L06000074866**

1. Entity Name

**4 G'S MOBILE SANDBLASTING & INDUSTRIAL  
COATINGS, LLC**



Principal Place of Business

**12748 ASTON OAKS DR.  
FORT MYERS FL 33912**

Mailing Address

**6900-29 DANIELS PARKWAY  
DRAWER 136  
FORT MYERS FL 33912**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-5288191**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**DEARMOND, WILLIAM W  
12748 ASTON OAKS DR.  
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name **Melodie DeArmond**

Street Address (P.O. Box Number is Not Acceptable)  
**12748 Aston Oaks Dr.**

City **Fort Myers**

**FL**

Zip Code **33912**

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 of William W. DeArmond)*  
Signature typed or printed name of Registered Agent and Title (if applicable) (NOTE: Registered Agent signature required when renewing)

**04/15/2008**  
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

TITLE **MGR** ☒ Delete  
NAME **DEARMOND, WILLIAM W**  
STREET ADDRESS **12748 ASTON OAKS DR.**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **MGRM** ☐ Delete  
NAME **DEARMOND, MELODIE D**  
STREET ADDRESS **12748 ASTON OAKS DR.**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 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 808, Florida Statutes.

**SIGNATURE:**

*(Signature of William W. DeArmond)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**04/15/08** **239 633-6717**  
Date Daytona Phone #