

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

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

6. Name and Address of Current Registered Agent

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

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]

(NOTE: Registered Agent signature required when registering)

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

10.

ADDITIONS/CHANGES

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

04/15/08 239 633-0717

Date

Daytime Phone #

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

04-29-2008 90031 026 ***138.75

