

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000099658**

1. Entity Name  
**CIRCLE 4, LLC**



Principal Place of Business  
**3000 SW 154TH AVE  
DAVIE, FL 33331**

Mailing Address  
**3000 SW 154TH AVE  
DAVIE, FL 33331**



01092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5760848**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HOOVER, RENEE D  
3000 SW 154TH AVE  
DAVIE, FL 33331**

**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	MGRM
NAME	HOOVER, GREGORY B
STREET ADDRESS	3000 SW 154TH AVE
CITY - ST - ZIP	DAVIE, FL 33331
TITLE	MGRM
NAME	HOOVER, RENEE D
STREET ADDRESS	3000 SW 154TH AVE
CITY - ST - ZIP	DAVIE, FL 33331
TITLE	MGRM
NAME	HOOVER, RICKY J
STREET ADDRESS	3000 SW 154TH AVE
CITY - ST - ZIP	DAVIE, FL 33331
TITLE	MGRM
NAME	HOOVER, ROBERT L
STREET ADDRESS	3000 SW 154TH AVE
CITY - ST - ZIP	DAVIE, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100000786401  
01/17/08-80039-003 138.75

**DO NOT WRITE  
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

**1/10/08**

Date

**954-424-1800**

Daytime Phone #