

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 09, 2008
Secretary of State**

DOCUMENT# L06000117811

Entity Name: SFS 4,LLC

Current Principal Place of Business:

7035 SW 47 ST.
G
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7035 SW 47 ST.
G
MIAMI, FL 33155

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNILLA, NATACHA
7035 SW 47 ST.
G
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MUNILLA, FERNANDO
Address: 5846 SW 81 ST.
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: MUNILLA, NATACHA
Address: 7035 G SW 47 ST.
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: MUNILLA, FERNANDO JR.
Address: 7035 G SW 47 ST
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: MUNILLA, NORKA
Address: 7035 G SW 47 ST.
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NATACHA MUNILLA

MGR

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date