FILED
Mar 05, 2008 8:00 am
Secretary of State

01-22-2008 90120 006 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000088630

1. Entity Name
4D STORE, LLC.

Principal Place of Business	Mailing Address
3037 PHILIPS HWY JACKSONVILLE, FL 32207	3037 PHILIPS HWY JACKSONVILLE, FL 32207

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

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0091849 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTA, TESFAYE A
8402 WATERMILL BLVD
JACKSONVILLE, FL 32244

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 2/28/08 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUTA, TESFAYE A 8402 WATERMILL BLVD JACKSONVILLE, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM / MGR. BUTA, TESFAYE A. 8402 WATERMILL BLVD. JACKSONVILLE, FL 32244	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELAY, ALMAZ A 8402 WATERMILL BLVD JACKSONVILLE, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM / MGR Belay, ALMAZ A. 8402 WATERMILL BLVd. JACKSONVILLE, FL 32244	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

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] 1/17/08 (904)358-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #