

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105550

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** FOUR PLUS ENTERPRISES, LLC

**Current Principal Place of Business:**

7310 SW 36TH STREET  
DAVIE, FL 33314

**New Principal Place of Business:**

1541A S W 30TH ST  
FT LAUDERDALE, FL 33315

**Current Mailing Address:**

7310 SW 36TH STREET  
DAVIE, FL 33314

**New Mailing Address:**

1541A S W 30TH ST  
FT LAUDERDALE, FL 33315

FEI Number: 26-1328352      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HERON, WESLEY D  
7310 SW 36TH STREET  
DAVIE, FL 33314      US

**Name and Address of New Registered Agent:**

HERON, WESLEY D  
1541A S W 30TH ST  
FT LAUDERDALE, FL 33315      US

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: WESLEY DAVID HERON

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HERON, WESLEY D  
Address: 7310 SW 36TH STREET  
City-St-Zip: DAVIE, FL 33314 US

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: HERON, WESLEY D  
Address: 1541A S W 30TH ST  
City-St-Zip: FT LAUDERDALE, FL 33315 US

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: WESLEY D HERON

MR

05/01/2009

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