

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000124771

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** BARN 4, LLC

**Current Principal Place of Business:**

400 N.W. 5TH STREET  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1242  
OKEECHOBEE, FL 34973

**New Mailing Address:**

**FEI Number:** 26-4137787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE, SUITE 1100  
WEST PALM BEACH, FL 33401 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:** MGRM  
**Name:** LARSON, LOUIS E SR.  
**Address:** 1301 SW 5TH AVENUE  
**City-St-Zip:** OKEECHOBEE, FL 34974

**Title:** MGRM  
**Name:** LARSON, REDA B  
**Address:** 1301 SW 5TH AVENUE  
**City-St-Zip:** OKEECHOBEE, FL 34974

I hereby 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:** LOUIS E LARSON, SR.

MGRM

04/10/2012

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