

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 04, 2009
Secretary of State**

DOCUMENT# L08000044291

Entity Name: SHORT SALES 4 AGENTS LLC

Current Principal Place of Business:

New Principal Place of Business:

533 S. HOWARD AVENUE
8
TAMPA, FL 33606

Current Mailing Address:

New Mailing Address:

533 S. HOWARD AVENUE
8
TAMPA, FL 33606

FEI Number: 26-2542871 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:

Name and Address of New Registered Agent:

GATES, SEAN T
533 S. HOWARD AVENUE
8
TAMPA, FL 33606 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: GATES, SEAN T
Address: 533 S. HOWARD AVENUE #8
City-St-Zip: TAMPA, FL 33606

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

Title: MGR () Delete
Name: KINCHELOE, CRAIG
Address: 301 W. PLATT ST #403
City-St-Zip: TAMPA, FL 33606

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: SEAN GATES

MGRM

05/04/2009

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