

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048311

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** FOUR KIDS MINUS FOUR, L.L.C.

**Current Principal Place of Business:**

252 WATER STREET  
SUITE A  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 486  
APALACHICOLA, FL 32329

**New Mailing Address:**

**FEI Number:** 26-2769913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DAVIS, DAPHNE K  
130 HWY 98  
APALACHICOLA, FL 32320 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  
**Name:** DAVIS, DAPHNE K  
**Address:** 92 22ND AVENUE  
**City-St-Zip:** APALACHICOLA, FL 32320

**Title:** MGR  
**Name:** DAVIS, WILLIAM R  
**Address:** 92 22ND AVENUE  
**City-St-Zip:** APALACHICOLA, FL 32320

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:** WILLIAM R DAVIS

MGR

01/07/2010

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