

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073141

Entity Name: FOUR LEAF, LLC

FILED  
Jun 30, 2009  
Secretary of State

## Current Principal Place of Business:

9251 98TH AVE NORTH  
SEMINOLE, FL 33777

## New Principal Place of Business:

9221-98TH AVENUE  
SEMINOLE, FL 33777

## Current Mailing Address:

9251 98TH AVE NORTH  
SEMINOLE, FL 33777

## New Mailing Address:

9221-98TH AVENUE  
SEMINOLE, FL 33777

FEI Number: 26-3488347      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:

MYERS, EUGENE M  
9251 98TH AVE NORTH  
SEMINOLE, FL 33777      US

## Name and Address of New Registered Agent:

GEARHART, ANDREA M PRES.  
9221-98TH AVENUE  
SEMINOLE, FL 33777      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: ANDREA M. GEARHART

06/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: MYERS, EUGENE M  
Address: 9251 98TH AVE NORTH  
City-St-Zip: SEMINOLE, FL 33777

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: GEARHART, ANDREA M MGR  
Address: 9221-98TH AVENUE  
City-St-Zip: SEMINOLE, FL 33777

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: ANDREA M. GEARHART

MGR

06/30/2009

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