

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90375 049 ****50.00

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|--|--|--|---|---|--|
| DOCUMENT # M04000002274 1. Entity Name SONIC FLORIDA NO. 4, LLC | | | | | |
| Principal Place of Business 1006 TREETOPS BLVD STE. 100 JACKSON, MS 39232 | | | Mailing Address 1006 TREETOPS BLVD STE. 100 JACKSON, MS 39232 | | |
| 2. Principal Place of Business - No P.O. Box # 599 HIGHLAND COLONY PKWY Suite, Apt. #, etc. SUITE 120 | | 3. Mailing Address 599 HIGHLAND COLONY PKWY Suite, Apt. #, etc. SUITE 120 | | 05032007 Chg-LLC CR2E083 (12/06) | |
| City & State RIDGELAND MS | | City & State RIDGELAND MS | | 4. FEI Number 38-3701485 | |
| Zip 39157 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SAMMONS, ROBERT O FLOYD & SAMMONS, P.A. 1556 SIXTH STREET SE WINTER HAVEN, FL 33880 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DL INVESTMENTS, LLC 1006 TREETOPS BLVD STE. 100 JACKSON, MS 39232 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 599 HIGHLAND COLONY PKWY SUITE 120 RIDGELAND, MS 39157 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: | | | 5/3/07 601-605-0658 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |