

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-11-2002 90247 031 ****50.00

DOCUMENT # L01000016855

1. Entity Name
GRAMMA'S CUTTERS L.C.

40215

Principal Place of Business Mailing Address
610 VIA BIANCA DRIVE **610 VIA BIANCA DRIVE**
DAVENPORT FL 33896 **DAVENPORT FL 33896**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-1145576 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRENO, CARRIE P
610 VIA BIANCA DRIVE
DAVENPORT FL 33896

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Carrie P Greno*

DATE **7/5/02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	CARRIE P. GRENO			
	610 VIA BIANCA DR.			
	DAVENPORT, FL 33896			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carrie P Greno*

DATE **7/5/02**

Daytime Phone # **863-420-9248**

CR2E083 (4/02)

MGRM

Attachment

40215

To: Division of Corporation
PO Box 6478
Tallahassee, FL 32314

From: Gramma's Cutters LC
610 Via Bianca Dr.
Davenport, FL 33896

Reference No: L01000016855

I received a letter in the mail stating that the annual report/uniform business report
was incomplete. Although you had received my \$50 check the report had not been filed
yet because of this. Attached to this letter you will find the report completed, if there are
any additional problems and/or questions please contact me at (863) 420-9248 or via e-
mail at carrie@grammascutters.com

Best Regards -



Carrie P Greno
Gramma's Cutters LC