


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90031 003 \*\*\*143.75

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # L07000047063</b><br>1. Entity Name<br><b>ADKINS GRADING LLC</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>9751 NE 136TH CT<br/>WILLISTON FL 32696</b><br><i>9751 NE 136th</i>  |  |   | Mailing Address<br><b>9751 NE 136TH CT<br/>WILLISTON FL 32696</b><br><i>Same</i> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |   |  |
| City & State<br><b>WILLISTON FL</b>  |  | City & State<br><br>                          |  | 4. FEI Number<br><b>33-1176046</b>  |  |
| Zip<br><b>32696</b>  | Country<br><b>LEVY</b>   | Zip<br><br>                                   | Country<br><br>  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b><br>Applied For <input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ADKINS, ALBERT F<br/>9751 NE 136TH CT<br/>WILLISTON FL 32696</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when re-registering)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008, Fee Will Be \$538.75</b><br><b>Make Check Payable to Florida Department of State</b>   |  |   |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>ADKINS, ALBERT F<br/>9751 NE 136TH CT<br/>WILLISTON FL 32696</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |  |   |  |   |  |
| <b>SIGNATURE:</b> <i>Albert F Adkins</i>   |  |   | <i>4/12/08</i>   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   | <small>Date</small>  |   |  |