

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90232 033 ***138.75

DOCUMENT # L07000113388					
1. Entity Name GRANDMOMMY TALES, LLC					
Principal Place of Business 140 BRIGHAM ROAD NW WINTER HAVEN, FL 33881			Mailing Address 140 BRIGHAM ROAD NW WINTER HAVEN, FL 33881		
2. Principal Place of Business No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AMES, ANDREW T 128 WEST OAK STREET ARCADIA, FL 34266				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 _____					
Signature, handwritten and typed name of registered agent, title, last name, first name, middle initial, and date of birth of registered agent required when changing.					
DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	O'DONNELL, TAMARA J		NAME		
STREET ADDRESS	140 BRIGHAM ROAD NW		STREET ADDRESS		
CITY, ST, ZIP	WINTER HAVEN, FL 33881		CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
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: <u>Andrew J. O'Donnell</u>				03-31-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

00000310



03302008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1386492 Applied For ☐ Not Applicable ☐

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