

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000178917

Entity Name: GRAND BAY CONSTRUCTION SERVICES, LLC**Current Principal Place of Business:**110 LOGAN LANE
SUITE 3
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**110 LOGAN LANE
SUITE 3
SANTA ROSA BEACH, FL 32459 US**FEI Number:** 81-1907383**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURCH, CHRISTOPHER
110 LOGAN LANE
SUITE 3
SANTA ROSA BEACH, FL 32459 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:** CHRISTOPHER BURCH

03/30/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER, MANAGER
Name GRAND BAY CONSTRUCTION, LLC
Address 110 LOGAN LANE
SUITE 3
City-State-Zip: SANTA ROSA BEACH FL 32459

Title CEO, AUTHORIZED
Name BURCH, CHRISTOPHER A
Address 110 LOGAN LANE, SUITE 3
City-State-Zip: SANTA ROSA BEACH FL 32459

Title AUTHORIZED REPRESENTATIVE
Name ELLINGTON, MATTHEW
Address 184 CRESCENT ROAD
City-State-Zip: SANTA ROSA BEACH FL 32459

Title AUTHORIZED REPRESENTATIVE
Name WALKER, MATTHEW
Address 110 LOGAN LANE
SUITE 3
City-State-Zip: SANTA ROSA BEACH FL 32459

Title AUTHORIZED REPRESENTATIVE
Name BRADFORD, AMANDA
Address 110 LOGAN LANE
SUITE 3
City-State-Zip: SANTA ROSA BEACH FL 32459

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMANDA BRADFORD

OFFICE MANAGER

03/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date