

**2024 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

04/12/2024

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 MANAGER  
Name BURCH, CHRISTOPHER A  
Address 110 LOGAN LANE, SUITE 3  
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 AR  
Name AUGUSTINE, CARA  
Address 110 LOGAN LANE  
SUITE 3  
City-State-Zip: SANTA ROSA BEACH FL 32459

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

Title CBO  
Name ROGERS, RUSTY  
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:** MATTHEW WALKER

AP

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date