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

FILED
Mar 31, 2008 8:00 am
Secretary of State
02-14-2008 90072 018 ***138.75

DOCUMENT # L00000004779

1. Entity Name
GRIFFIN SHADE, LLC

Principal Place of Business	Mailing Address
393 ICE CREAM ROAD LEESBURG FL 34748	393 ICE CREAM ROAD LEESBURG FL 34748

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
GRIFFIN SHADE LLC 3243 REGISTER RD FRUITLAND PARK, FL 34731	GRIFFIN SHADE LLC 3243 REGISTER RD FRUITLAND PARK, FL 34731

Suite, Apt. #, etc. / City & State / Zip / Country

1st MOORE CR2E083 (10/07)

4. FEI Number 59-3658138 ☐ Applied For ☐ 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
JENKINS, T.C 1068 ISLAND WAY LEESBURG FL 34748	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] 2-1-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, T.C. 393 ICE CREAM RD LEESBURG FL 34748	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, DAVID R 393 ICE CREAM RD LEESBURG FL 34748	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] 3-27-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #