

2002 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-11-2002 90247 031 ****50.00

DOCUMENT # L01000016855

1. Entity Name
GRAMMA'S CUTTERS L.C.

Principal Place of Business

**610 VIA BIANCA DRIVE
 DAVENPORT FL 33896**

Mailing Address

**610 VIA BIANCA DRIVE
 DAVENPORT FL 33896**

40215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1145576

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRENO, CARRIE P
 610 VIA BIANCA DRIVE
 DAVENPORT FL 33896**

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 *Carrie P Greno*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/5/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRIE P. GRENO 610 VIA BIANCA DR. DAVENPORT, FL 33896	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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:

Carrie P Greno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/5/02

DATE

863-420-9248

Daytime Phone #

CR2E083 (4/02)

MGRM

Attachment

40215

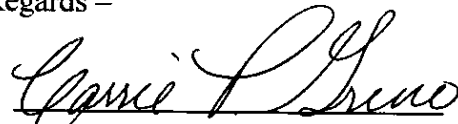
To: Division of Corporation
PO Box 6478
Tallahassee, FL 32314

From: Gramma's Cutters LC
610 Via Bianca Dr.
Davenport, FL 33896

Reference No: L01000016855

I received a letter in the mail stating that the annual report/uniform business report
was incomplete. Although you had received my \$50 check the report had not been filed
yet because of this. Attached to this letter you will find the report completed, if there are
any additional problems and/or questions please contact me at (863) 420-9248 or via e-
mail at carrie@grammascutters.com

Best Regards -



Carrie P Greno
Gramma's Cutters LC