

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000034619

1. Entity Name

GRAYHARRIS CONSULTING, LLC



FILED

03 APR 15 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

301 E. Pine Street

Suite, Apt. #, etc.

Suite 1400

City & State

Orlando Florida

Zip

32801

Country

USA

3. Mailing Address

301 E. Pine Street

Suite, Apt. #, etc.

Suite 1400

City & State

Orlando Florida

Zip

32801

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Hayden Dempsey

Street Address (P.O. Box Number is Not Acceptable)

301 S. Bronough Street

Suite 600

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE  
IN THIS SPACE**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	Byrd F. Marshall, Jr.
STREET ADDRESS	301 E. Pine Street, Suite 1400
CITY-ST-ZIP	Orlando, FL 32801
TITLE	MGR
NAME	Frederick W. Leonhardt
STREET ADDRESS	301 E. Pine Street, Suite 1400
CITY-ST-ZIP	Orlando, FL 32801
TITLE	MGR
NAME	Dean R. Cannon, Jr.
STREET ADDRESS	301 E. Pine Street, Suite 1400
CITY-ST-ZIP	Orlando, FL 32801
TITLE	MGR
NAME	Jason L. Unger
STREET ADDRESS	301 S. Bronough Street, Suite 600
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	
NAME	
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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: Byrd F. Marshall, Jr., Manager 4-14-03

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

Date

407 843-8880

Daytime Phone \*

CR2E083B (12/02)