

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90200 048 ***138.75

DOCUMENT # L03000009532

1. Entity Name
GRUMPY, DOPEY & LMC, LLC



Principal Place of Business
**126 EAST OLYMPIA AVE., STE. 301
PUNTA GORDA, FL 33950**

Mailing Address
**126 EAST OLYMPIA AVE., STE. 301
PUNTA GORDA, FL 33950**

00017004



01242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0596400

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~FILEMAN, GARY T
1107 WEST MARION AVE., STE. 112
PUNTA GORDA, FL 33950~~

*Kim Nickelson
126 E. Olympia Ave
Ste. 301
Punta Gorda, FL 33950*

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME NICKELSON, WILLIAM M
STREET ADDRESS 751 WEST RETTA ESPLANADE AVE.
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE MGRM
NAME JONES, KEVIN M
STREET ADDRESS 538 DARST AVENUE
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE MGRM
NAME JONES, MARGARET A
STREET ADDRESS 870 EAST 4TH STREET
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-4-08 (941) 575-6758

Date

Daytime Phone #