

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009532

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: GRUMPY, DOPEY & LMC, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 05-0596400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICKELSON, KIM  
126 S. OLYMPIA AVE  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NICKELSON, WILLIAM M  
Address: 751 WEST RETTA ESPLANADE AVE.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM ( ) Delete  
Name: JONES, KEVIN M  
Address: 538 DARST AVENUE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM ( ) Delete  
Name: JONES, MARGARET A  
Address: 870 EAST 4TH STREET  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: W.M. NICKELSON

MGMR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date