

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L03000049838

1. Entity Name

GOD'S GRACE DEVELOPMENT, LLC



FILED

06 MAY 15 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

9280 52ND STREET NORTH
PINELLAS PARK FL 33782
US

Mailing Address

9280 52ND STREET NORTH
PINELLAS PARK FL 33782
US

2. Principal Place of Business

6181 82 Ave
Suite, Apt. #, etc.

3. Mailing Address

6181 82 Ave.
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Pinellas Park FL

City & State

Pinellas Park FL

4. FEI Number

20-0437420

Applied For

Not Applicable

Zip

33781

Country

USA

Zip

33781

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMEC, RAY J
9280 52ND ST NORTH
PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SAMEC, RAY J
STREET ADDRESS 3101 22ND AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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

Date

Daytime Phone #

Ray Samec Managing Member 4/18/06 727-641-8215