2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 09, 2004 8:00 am
Secretary of State
06-09-2004 90222 025 ****50.00

DOCUMENT # L03000054732

1. Entity Name

GRANT'S PAINTING & COATING, LLC

Principal Place of Business	Mailing Address
3790 WARD BASIN RD. MILTON FL 32583 US	3790 WARD BASIN RD. MILTON FL 32583 US

MOORE CR2E083 (11/03)

2. Principal Place of Business		3. Mailing Address	
-SAME-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 11-370 9448 ☐ Applied For ☐ Not Applicable

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
GRANT, CHARLES E 3790 WARD BASIN RD. MILTON FL 32583	Name -CORRECT- 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 N/A
Signature, 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, 2004

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE		
NAME	GRANT, CHARLES E		NAME		
STREET ADDRESS	3790 WARD BASIN RD.		STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32583		CITY-ST-ZIP		
TITLE	MGR	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	GRANT, JASON C		NAME		
STREET ADDRESS	3790 WARD BASIN RD.		STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32583		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Charles Grant 04/08/04 850-983-2082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #