


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90104 042 \*\*\*\*50.00

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # L04000006805</b><br>1. Entity Name<br><b>WAYNE'S GRADING SERVICE L.L.C.</b>   |   |  |  |  |  |
| Principal Place of Business<br><b>4018 BEXHILL DRIVE<br/>NEW SMYRNA BEACH, FL 32168</b>   |   |  | Mailing Address<br><b>4018 BEXHILL DRIVE<br/>NEW SMYRNA BEACH, FL 32168</b>  |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |
| City & State  |   | City & State   |  |   |  |
| Zip   | Country   | Zip  | Country  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>RANEW, WAYNE R<br/>4018 BEXHILL DRIVE<br/>NEW SMYRNA BEACH, FL 32168</b>   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                       |   |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>RANEW, WAYNE R<br/>4018 BEXHILL DRIVE<br/>NEW SMYRNA BEACH, FL 32168</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |



07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number **88-0517897** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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:** Wayne R. Ranew  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-6-06  
Date

Daytime Phone #