


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000011340 1. Entity Name BY HIS GRACE, LTD. CO.	
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Principal Place of Business 14850 N.E. 13TH STREET WILLISTON, FL 32696	Mailing Address 14850 N.E. 13TH STREET WILLISTON, FL 32696
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02072007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1205991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WENDELL, TRAVELER R 14852 N.E. 13TH STREET WILLISTON, FL 32696
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000630254
02/19/07-80034-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENDELL, TRAVELER R 14852 N.E. 13TH STREET WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOSS, LORRIN J 14852 N.E. 13TH STREET WILLISTON, FL 32690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

2/7/07

Date

352-29-0611

Daytime Phone #