

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90049 011 ****50.00

DOCUMENT # L04000042476

1. Entity Name

LEVI GRIGGS PAINTING, L.L.C.



Principal Place of Business

122 AVE "L"
APALACHICOLA FL 32320

Mailing Address

122 AVE "L"
APALACHICOLA FL 32320

2. Principal Place of Business

122 Ave L
Suite, Apt. #, etc.

3. Mailing Address

122 Ave L
Suite, Apt. #, etc.

City & State

Apalachicola

32320

Country

FL

City & State

Apalachicola

32320

Country

FRANKLIN

4. FEI Number

20149979

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIGGS, LEVI
122 AVE "L"
APALACHICOLA FL 32320

7. Name and Address of New Registered Agent

Name Levi Griggs
Street Address (P.O. Box Number is Not Acceptable)
122 Ave L
Apalachicola FL 32320
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 *Levi Griggs*
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GRIGGS, LEVI
STREET ADDRESS 122 AVE "L"
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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

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

Date

Daytime Phone #

2-20-05 850 766-0889