

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90025 045 ***143.75

DOCUMENT # L04000047884

1. Entity Name
POWERS LAND GRADING LLC



Principal Place of Business
**4025 MIAMI AVE.
WEST MELBOURNE, FL 32904**

Mailing Address
**4025 MIAMI AVE.
WEST MELBOURNE, FL 32904**

50010306



2. Principal Place of Business - No P.O. Box #
3885 OAKLAND ST
Suite, Apt. #, etc.

3. Mailing Address
3885 OAKLAND ST
Suite, Apt. #, etc.

05132008 Chg-LLC CR2E083 (12/06)

City & State
Wesley FL
Zip **32927** Country **U.S.**

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Wesley FL
Zip **32927** Country **U.S.**

4. FEI Number
NOT APPLICABLE
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**POWERS, JUSTIN
4025 MIAMI AVENUE
WEST MELBOURNE, FL 32904**

7. Name and Address of New Registered Agent

Name **Justin Powers**
Street Address (P.O. Box Number is Not Acceptable)
3885 OAKLAND ST
City **Wesley** FL Zip Code **32927**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWERS, JUSTIN 4025 MIAMI AVE. WEST MELBOURNE, FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/10/08

Date

Daytime Phone #