


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # L04000054685

1. Entity Name
GRADE A DOMESTIC SERVICES, LLC



Principal Place of Business	Mailing Address
5804 BALSAM FORT PIERCE, FL 34982 US	5804 BALSAM FORT PIERCE, FL 34982 US

DO NOT WRITE IN THIS SPACE



03122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
56-2480791	Not Applicable

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

6. Name and Address of Current Registered Agent

SLATTERY, KARI P
5804 BALSAM
FORT PIERCE, FL 34982

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

04/09/08-80047-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SLATTERY, KARI P
STREET ADDRESS	5804 BALSAM
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kari P. Slattery 3/20/08 772 468 2994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #