

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90091 043 ****50.00

DOCUMENT # L04000057053

1. Entity Name

GRAY FLAGLER PROPERTIES, LLC



Principal Place of Business

500 COUNTY ROAD 115 NORTH
BUNNELL FL 32110

Mailing Address

500 COUNTY ROAD 115 NORTH
BUNNELL FL 32110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3199295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, HAROLD R
500 COUNTY ROAD 115 NORTH
BUNNELL FL 32110

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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**

NEW COMPANY

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					MGR	HAROLD R. GRAY	500 C.A. 115 N.	BUNNELL FL 32110		
					MGRM	STEVEN R. GRAY	500 C.A. 115 N.	BUNNELL, FL 32110		
					MGRM	CHRISTOPHER A. GRAY	793 PHEASANT RUN CT.	PORT ORANGE FL 32127		

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:

Harold R. Gray **HAROLD R. GRAY**

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

Date

Daytime Phone #