2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 20, 2005 8:00 am Secretary of State

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DOCUMENT # L04000066136 1. Entity Name GRIMES HOME SERVICES, LLC					Secretary of State 07-20-2005 90065 024 ****50.00			
Principal Plac	e of Business	Mailing Address		\neg				
5347 61 WA		5347 61 WAY NORTH KENNETH CITY, FL 3370	9 US					
2. Principal P	lace of Business 3 34th Aug North	 51						
Suite, Apt.		Suite, Apt. #, etc.		07062005	Chg-LLC	CR2E083 (10/03)		
St. Petersburg, FL St. Petersburg		, FL 201637797 Not Apr		oplied For ot Applicable				
Zip Country Zip 33731		Country USA		5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New	Registered Agent		
ODIMES :	TIMATUV		Name -	Timoth	u Grin	1.5		
GRIMES, TIMOTHY 5347 61 WAY NORTH KENNETH CITY, FL 33709			Street Address (P.O. Box Number is Not Acceptable)					
			506	8 34	th Aue	North		
			city St.	Petersb	urg	FL Zip Code 337)		
	marmed entity submits this statement for	the purpose of changing its re	gistered office or regis					
the obligat	ions of registered adent.					7/1	_	
SIGNATURE.	Spruture, typing or priviled name of registered agent a	nuethe if applicable. (NOTE: F	Registered Agent signature requ	aired when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 7, 2005								
Fil Due t	ling Fee is \$50.00 by September 7, 2005					ike check payable to da Department of Stati	B	
Fil Due t	by September 7, 2005 MANAGING MEMBER	RS/MANAGERS	10.		Florid		B	
9.	by September 7, 2005 MANAGING MEMBER MGRM	RS/MANAGERS	TITLE		Florid	da Department of State	B Addition	
9. TITLE NAME	MANAGING MEMBER MGRM MAY, JUDY		TITLE NAME		Florid	da Department of State		
9.	by September 7, 2005 MANAGING MEMBER MGRM		TITLE		Florid	da Department of State		
9. TITLE HAME STREET ADDRESS	MANAGING MEMBER MGRM MAY, JUDY 5347 61 WAY NORTH	☐ Deliote	TITLE NAME STREET ADDRESS		Florid	da Department of State 6/CHANGES Change	Addition	
9. IITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM MAY, JUDY 5347 61 WAY NORTH		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florid	da Department of State		
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11. Thereby Certify that the information supplied with this litting does not quality for the exemption stated in section 113.0(3)(), mortida statutes. Further certify that une 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 HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/5/5 481-0170