

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000091039

1. Entity Name

GREY GEESE INVESTMENTS, LLC



Principal Place of Business

9158 BIRCH DRIVE
LARGO FL 33777
US

Mailing Address

9158 BIRCH DRIVE
LARGO FL 33777
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

Zip

Country

Zip

Country

4. FEI Number 20-2018034

Applied For
No: 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

RABB, HARRY H CPA
935 MAIN ST, STE D1
SAFETY HARBOR FL 34695

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's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME DEAN, KIMBERLY A
STREET ADDRESS 9158 BIRCH DRIVE
CITY- ST- ZIP LARGO FL 33777

TITLE ☐ Change ☐ Addition
NAME 000000895347
STREET ADDRESS 04/18/08-80010-009 138.75
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME LOWE, LYNN J
STREET ADDRESS 9158 BIRCH DRIVE
CITY- ST- ZIP LARGO FL 33777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME HENDERSON, BARBARA L
STREET ADDRESS 9158 BIRCH DRIVE
CITY- ST- ZIP LARGO FL 33777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Debit to Payee