

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90087 022 ***138.75

DOCUMENT # L05000039929

1. Entity Name
GRAYS PLACE LLC



Principal Place of Business
4407 OAKGLEN ROAD
LAKELAND, FL 33813

Mailing Address
4407 OAKGLEN ROAD
LAKELAND, FL 33813

note new address

60006455



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

218 Harvard Rd

Suite, Apt. #, etc.

3. Mailing Address

Same 218 Harvard Rd

Suite, Apt. #, etc.

02042008 Chg-LLC CR2E083 (12/06)

City & State

St Augustine FL

City & State

St Augustine FL

4. FEI Number

20-2735714

Applied For

Not Applied

Zip

32086

Country

Zip

32086

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VINING, C GEOFFREY
129 SOUTH KENTUCKY AVENUE
SUITE 702
LAKELAND, FL 33801

SAME ADDRESS CHANGE ONLY.

7. Name and Address of New Registered Agent

Name **WYNNE G. GASTON**

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

1611 Harden Blvd Ste 702

City **Lakeland**

FL

Zip Code **33803**

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

Carter Lord

2/2/08

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

TITLE **MGR**
NAME **LORD, CARTER**
STREET ADDRESS **4407 OAKGLEN ROAD**
CITY-ST-ZIP **LAKELAND, FL 33813**

☐ Delete

new address

10. ADDITIONS / CHANGES

TITLE **MGR**
NAME **LORD, CARTER**
STREET ADDRESS **218 HARVARD RD**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

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.

Carter Lord

2/2/08 Managing Member