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## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000059323

1. Entity Name

DAVE'S GRADE SERVICE, LLC



FILED Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4091 S.E. 20TH AVE. GULF HAMMOCK, FL 32639 P.O. BOX 266 GULF HAMMOCK, FL 32639



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-1824599 Applied For Not Applicable

5. Certificate of Status Desired

ZL.

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, DAVID 4091 S.E. 20TH AVE. GULF HAMMOCK, FL 32639

## DO NOT WRITE 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_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		,
NAME	STEPHENS, DAVID	·	
STREET ADDRESS	P.O. BOX 266	ľ	U00000915792
CITY+ST-ZIP	GULF HAMMOCK, FL 32639		02/14/08-80023-021 143.75
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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: /

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

- 14-08 352-486-1/30

Daytime Pho