

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90150 025 ****50.00

DOCUMENT # L05000062870

1. Entity Name

GRAND OAK MANOR, LLC



Principal Place of Business

4305 MULLINS RD
TAMPA FL 33614

Mailing Address

4305 MULLINS RD
TAMPA FL 33614



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3050973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYTS, ANDREW J JR, ESQ
201 N. ARMENIA AVE.
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name Judith Thomas Rivenbark
Street Address (P.O. Box Number is Not Acceptable)
4305 Mullins Road
Tampa
City FL Zip Code 33614

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

Judith Thomas Rivenbark

4/29/07

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	JUDITH THOMAS RIVENBARK	
STREET ADDRESS	4305 MULLINS RD	
CITY- ST- ZIP	TAMPA FL 33614	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

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

Judith Thomas Rivenbark

4/29/07

813-243-8828

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

Date

Daytime Phone #