2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L05000086323

Entity Name: GRACE CRANE SERVICE LLC

Current Principal Place of Business:

268 COUNTY ROAD 207-A
EAST PALATKA, FL 32131

New Principal Place of Business:

Current Mailing Address:

268 COUNTY ROAD 207-A
EAST PALATKA, FL 32131

New Mailing Address:

FEI Number: 20-3399745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRACE, JULIE A
268 COUNTY ROAD 207 A
EAST PALATKA, FL 32131 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC.
813 DELTONA BLVD, STE A
BOX 1401597
DELTONA, FL 32725 US

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.

SIGNATURE: DEVIN NEWMAN FOR ALL FLORIDA FIRM 04/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GRACE, ERNEST DANIEL III
Address: 268 COUNTY ROAD 207-A
City-St-Zip: EAST PALATKA, FL 32131

Title: MGRM ( ) Delete
Name: GRACE, JULIE A
Address: 268 COUNTY ROAD 207-A
City-St-Zip: EAST PALATKA, FL 32131

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GRACE, ERNEST D III
Address: 268 COUNTY ROAD 207-A
City-St-Zip: EAST PALATKA, FL 32131

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEVIN NEWMAN FOR JULIE A GRACE MGRM 04/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date