

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 15, 2007 08:00 A
Secretary of State

DOCUMENT # L05000118123

1. Entity Name
WEST GRANADA, LLC



Principal Place of Business
**315 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118**

Mailing Address
**315 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118**



05102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4181847

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GORNT0, L.A. JR. ESQ
149 S. RIDGEWOOD AVENUE, SUITE 550
DAYTONA BEACH, FL 32114**

**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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

000000764501
05/30/07-80065-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GDA INVESTMENTS, LTD.
315 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
POTTER, JOHN M
POST OFFICE BOX 1200
ROBINSON CREEK, KY 41560**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JMMM. LLC
1050 WEST GRANADA BLVD
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

5.10.07

Date

Daytime Phone #