

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000678

FILED
Jan 18, 2008
Secretary of State

Entity Name: GRIFFITHS FAMILY BUSINESS, LLC

Current Principal Place of Business:

7 OLD KINGS RD. N.
#36
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

7 OLD KINGS RD. N.
#36
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 20-4039730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITHS, FRED
7 OLD KINGS RD. N.
#36
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRIFFITHS, FRED
Address: 7 OLD KINGS RD. N. #36
City-St-Zip: PALM COAST, FL 32137

Title: V () Delete
Name: GRIFFITHS, THERESA
Address: 7 OLD KINGS RD. N. #36
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: TUTTLE, MEGAN
Address: 7 OLD KINGS RD. N. #36
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

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

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

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: MEGAN TUTTLE

S

01/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date