

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062129

FILED
Mar 30, 2009
Secretary of State

Entity Name: GRAY ENTERPRISES OF JACKSONVILLE, LLC

Current Principal Place of Business:

5836 TIMAQUANA ROAD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5836 TIMAQUANA ROAD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-2896392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, MARY ANN
165 WELLS ROAD SUITE 304
ORANGE PARK, FL 32073 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: CLARK, TERRY E
Address: 5836 TIMAQUANA RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: CLARK, TONY A
Address: 5836 TIMAQUANA RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: CLARK, TROY
Address: 5840 TIMAQUANA RD.
City-St-Zip: JACKSONVILLE, FL 32210

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: TERRY E. CLARK

MGRM

03/30/2009

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