

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063730

Entity Name: DINO'S GRADING, LLC

FILED
Jul 07, 2008
Secretary of State

Current Principal Place of Business:

531 12TH ST. N.E.
NAPLES, FL 34120 US

New Principal Place of Business:

Current Mailing Address:

531 12TH ST. N.E.
NAPLES, FL 34120 US

New Mailing Address:

FEI Number: 20-5112021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YARNELL, CECELIA A
531 12TH ST N.E.
NAPLES, FL 34120 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: YARNELL, RODNEY D
Address: 531 12TH ST. N.E.
City-St-Zip: NAPLES, FL 34120

Title: MGRM () Delete
Name: YARNELL, JUSTIN L
Address: 531 12TH ST N E
City-St-Zip: NAPLES, FL 34120

Title: MGRM (X) Delete
Name: YARNELL, JESSE D
Address: 531 12TH ST. N E
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: YARNELL, JESSE D
Address: 531 12TH ST N E
City-St-Zip: NAPLES, FL 34120

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: CECELIA A YARNELL

RA

07/07/2008

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