

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086817

FILED
Aug 31, 2008
Secretary of State

Entity Name: GRYBOSKI PAINTING SERVICES, LLC

Current Principal Place of Business:

4580 SW 170 ST RD
OCALA, FL 34473

New Principal Place of Business:

5437 SE 70TH AVE
OCALA, FL 34472

Current Mailing Address:

4580 SW 170 ST RD
OCALA, FL 34473

New Mailing Address:

5437 SE 70TH AVE
OCALA, FL 34472

FEI Number: 20-5493628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRYBOSKI, STEVEN J
4580 SW 170 ST RD
OCALA, FL 34473 US

Name and Address of New Registered Agent:

GRYBOSKI, STEVEN J
5437 SE 70TH AVE
OCALA, FL 34472 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:

08/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRYBOSKI, STEVEN J
Address: 4580 SW 170 ST RD
City-St-Zip: Ocala, FL 34473

Title: MGRM (X) Delete
Name: BALLIEU, JESSICA D
Address: 4580 SW 170 ST RD
City-St-Zip: Ocala, FL 34473

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRYBOSKI, STEVEN J
Address: 5437 SE 70TH AVE
City-St-Zip: Ocala, FL 34472

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: STEVEN J GRYBOSKI

MGRM

08/31/2008

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