

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111415

Entity Name: GRITS PAINTING, LLC

FILED  
May 06, 2009  
Secretary of State

**Current Principal Place of Business:**

514 SE 14TH STREET  
MELROSE, FL 32666

**New Principal Place of Business:**

630 SW ORANGE AVENUE  
KEYSTONE HEIGHTS, FL 32656

**Current Mailing Address:**

PO BOX 1444  
KEYSTONE HEIGHTS, FL 32656

**New Mailing Address:**

630 SW ORANGE AVENUE  
KEYSTONE HEIGHTS, FL 32656

FEI Number: 20-5908545      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:**

PEOPLES, KIM  
514 SE 14TH STREET  
MELROSE, FL 32666      US

**Name and Address of New Registered Agent:**

PEOPLES, KIM M  
630 SW ORANGE AVENUE  
KEYSTONE HEIGHTS, FL 32656      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: KIM M PEOPLES

05/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PEOPLES, KIM  
Address: 514 SE 14TH STREET  
City-St-Zip: MELROSE, FL 32666

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: PEOPLES, KIM M  
Address: 630 SW ORANGE AVENUE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: KIM M PEOPLES

MGMR

05/06/2009

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