

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

03-31-2008 90271 046 ***138.75

DOCUMENT # L07000069868					
1. Entity Name GRIFFIN COMMERCIAL GROUP, LLC					
Principal Place of Business 1806 WEAKFISH WAY PANAMA CITY, FL 32411			Mailing Address 6676 VICTORY DRIVE ACWORTH, GA 30102		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 26-0480736					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LARK, SARAH 2313 MAGNOLIA DRIVE PANAMA CITY BEACH, FL 32408					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE SHOWS FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			State check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Larry Thacker	6676 Victory Drive	Acworth, GA 30102	☐ Delete	President
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Steve Buckalew	P.O. Box 27863	Panama City, FL 32411	☐ Delete	Vice President
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Freda Mel Ruder	1505 Sweetbay Tr.	Panama City, FL 32413	☐ Delete	Secretary(s)
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Gary + Sarah Lark	2313 Magnolia Dr.	Panama City Beach, FL 32408	☐ Delete	Treasurer(s)
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
				☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
				☐ Delete	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Sarah Lark				Date: 3/27/08 (850) 896-5950	