

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083204

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: GRAN NY, LLC.

**Current Principal Place of Business:**

4001 VIRGINIA AVE  
SUITE E  
FORT PIERCE, FL 34981

**New Principal Place of Business:**

**Current Mailing Address:**

4001 VIRGINIA AVENUE, UNIT E  
FT. PIERCE, FL 349815557

**New Mailing Address:**

FEI Number: 26-0757846      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:**

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

HAMILL, JAMES  
4001 VIRGINIA AVENUE, UNIT E  
FORT PIERCE, FL 349815557 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAMILL, JAMES  
Address: 1502 CORTEZ BL  
City-St-Zip: FORT PIERCE, FL 34982

Title: MGRM ( ) Delete  
Name: HAMILL, ALLARDYCE  
Address: 1702 ARIZONA AVE  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES:**

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: JAMES HAMILL

MGRM

06/24/2009

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