

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090631

Entity Name: GRS SIGNS, LLC

FILED
Feb 01, 2008
Secretary of State

Current Principal Place of Business:

2629 WAVERLY BARN ROAD,S TE 122
DAVENPORT, FL 33897

New Principal Place of Business:

2629 WAVERLY BARN ROAD
SUITE 122
DAVENPORT, FL 33897

Current Mailing Address:

2629 WAVERLY BARN ROAD,S TE 122
DAVENPORT, FL 33897

New Mailing Address:

2629 WAVERLY BARN ROAD
SUITE 122
DAVENPORT, FL 33897

FEI Number: 26-0801781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, GRAEME
2629 WAVERLY BARN ROAD,S TE 122
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

SMITH, GRAEME R MR
2645 WYNDSOR OAKS WAY
WINTER HAVEN, FL 33884 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: GRAEME R SMITH

02/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: SMITH, GRAEME R MR
Address: 2645 WYNDSOR OAKS WAY
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: MRS () Change (X) Addition
Name: SMITH, SARA J MRS
Address: 2645 WYNDSOR OAKS WAY
City-St-Zip: WINTER HAVEN, FL 33884

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: GRAEME R SMITH

MR

02/01/2008

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