


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90324 024 \*\*\*138.75

<b>DOCUMENT # L07000094588</b>			
1. Entity Name NO DOUBT GROUT, LLC			
Principal Place of Business 3100 MURRELL ROAD #545 ROCKLEDGE, FL 32955 US		Mailing Address 1072 BRUMPTON PL VIERA, FL 32955 US	
2. Principal Place of Business - No P.O. Box # 4909 NW US 1 Suite, Apt. #, etc. Cocoa, Florida City & State Cocoa, Florida Zip 32907 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State City Zip Country	

000004JJ



04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
26-0907020  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HUGHES, JANET 1072 BRUMPTON PL VIERA, FL 32955		7. Name and Address of New Registered Agent Name Patrick Hughes Street Address (P.O. Box Number is Not Acceptable) 1072 Brumpton Pl City Viera FL Zip Code 32955	
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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  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGHES, PATRICK 1072 BRUMPTON PL VIERA, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGHES, JANET 1072 BRUMPTON PL VIERA, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-16-08