

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126462

FILED
Feb 06, 2008
Secretary of State

Entity Name: GRANITE SHIELD OF JACKSONVILLE, LLC

Current Principal Place of Business:

1000 BLACKBERRY LANE
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1000 BLACKBERRY LANE
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 90-0343938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOYTE-MCNEILL, SUSAN R
1000 BLACKBERRY LANE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

HOYTE-MCNEILL, SUSAN R
1000 BLACKBERRY LANE
JACKSONVILLE, FL 32259 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: SUSAN HOYTE-MCNEILL

02/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOYTE-MCNEILL, SUSAN
Address: 1000 BLACKBERRY LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: MCNEILL, JOSHUA C
Address: 1000 BLACKBERRY LANE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: MEMB (X) Change () Addition
Name: HOYTE-MCNEILL, SUSAN R
Address: 1000 BLACKBERRY LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR (X) Change () Addition
Name: MCNEILL, JOSHUA C
Address: 1000 BLACKBERRY LANE
City-St-Zip: JACKSONVILLE, FL 32259

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: JOSHUA C. MCNEILL

MGR

02/06/2008

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