

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024224

FILED
Jan 07, 2009
Secretary of State

Entity Name: GRAY THURBER JR. HANDYMAN LLC

Current Principal Place of Business:

7648 PEPPERWOOD ST.
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

7648 PEPPERWOOD ST.
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 26-1815128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THURBER, GARY JR.
7648 PEPPERWOOD ST.
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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: MYERS, THOMAS
Address: 9211 SUNSET DR.
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: BAKER, MELISSA
Address: 7648 PEPPERWOOD ST.
City-St-Zip: NAVARRE, FL 32566

Title: MGR (X) Delete
Name: THURBER, GARY JR
Address: 7648 PEPPERWOOD ST.
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THURBER, GARY R JR
Address: 7648 PEPPERWOOD STREET
City-St-Zip: NAVARRE, FL 32566 SR

Title: MGRM (X) Change () Addition
Name: DU BOIS, VINCENT P
Address: 7640 PEPPERWOOD ST.
City-St-Zip: NAVARRE, FL 32566

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: GARY THURBER JR

MGR

01/07/2009

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