

L09000031461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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**Malave, Erin**

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**From:** micheleadams@grantreinforcing.com  
**Sent:** Thursday, July 15, 2010 10:32 PM  
**To:** CorpAddressChange  
**Subject:** Address Change Request

*Please change the principal and mailing address for Grant Reinforcing LLC (Document Number L09000031461 ).*

*I have moved the business to the following location:*

*1639 Mosaic Forest Drive  
Seffner, FL 33584*

*Thank you,*

*Carla "Michele" Adams, President  
Grant Reinforcing L.L.C. - An Equal Opportunity Employer  
Cell: 561.707.2248  
Phone: 813.864.7361  
Fax: 813.319.4596*