

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90032 037 ****50.00

DOCUMENT # L99000000616

1. Entity Name

GRAF, L.C.



Principal Place of Business

10472 FRONT BH RD
PANAMA CITY BEACH FL 32407

Mailing Address

P.O. BOX 9159
PANAMA CITY BH FL 32417

2. Principal Place of Business

10472 FRONT BH RD

Suite, Apt. #, etc.

3. Mailing Address

556 HARRISON AVE

Suite, Apt. #, etc.

PANAMA CITY

City & State

PANAMA CITY BH

City & State

FL.

Zip

32407

Country

BAY

Zip

32401

Country

BAY



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3556972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, RHONDA A
10472 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name FERNANDEZ, Rhonda A

Street Address (P.O. Box Number is Not Acceptable)

556 HARRISON AVE.

City

PANAMA CITY

FL

Zip Code

32401

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

Rhonda A. Fernandez owner Rhonda A Fernandez 1-14-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FERNANDEZ, RHONDA A
STREET ADDRESS P.O. BOX 9159
CITY-ST-ZIP PANAMA CITY BEACH FL 32417

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE CO owner
NAME George E. Fernandez Jr
STREET ADDRESS 556 HARRISON AVE
CITY-ST-ZIP PANAMA CITY FL 32401

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

1-14-03 850-913-0015

CR2E083 (10/02)