9/30/2002-90172-049-$55.00-$55.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002493

1. Entity Name

GRADE A Excavating & Hauling Services, LLC.

FILED
02 OCT 15 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2089 SE Airport Est St	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Arcadia FL	City & State
Zip: 34266 Country: DeSoto	Zip / Country

4. FEI Number: 88 049 7547 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SAME Peggy S. Lindsey

Street Address (P.O. Box Number is Not Acceptable): 2089 SE Airport Est, St,

City: Arcadia FL Zip Code: 34266

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.

SIGNATURE: Peggy Lindsey 10/10/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

MN

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gradient Enterprises c/o 711 S Carson St. Suite 4 Carson City, Nevada
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gusti Investments c/o 711 S Carson St. Suite 4 Carson City, Nevada
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager John Lindsey 2089 SE Airport Est. St. Arcadia FL 34266
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Peggy Lindsey 2089 SE Airport Est. St Arcadia FL 34266
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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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: Peggy Lindsey 9/25/02 863993 2458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #