


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90074 050 \*\*\*138.75

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # M06000005548</b><br>1. Entity Name<br>GRISSETTS' EXCAVATING COMPANY, LLC   |  |  |   |  |  |
| Principal Place of Business<br>15099 CLIFTON MADDOX LANE<br>ANDALUSIA, AL 36420  |  |  | Mailing Address<br>15099 CLIFTON MADDOX LANE<br>ANDALUSIA, AL 36420   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address<br><b>PO Box 33</b>                 |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                    |   |   |  |
| City & State   |  | City & State<br><b>Andalusia AL</b>                    |   |   |  |
| Zip  | Country  | Zip<br><b>36420</b>                                    | Country   | 4. FEI Number<br><b>20-2142135</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br>GRISSETT, KENNETH<br>1957 HIGHWAY 87 S #2<br>NAVARRE, FL 32566  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering)  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  | Make check payable to<br>Florida Department of State   |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>GRISSETT, KENNETH<br>1957 HIGHWAY 87 S #2<br>NAVARRE, FL 32566 | <input type="checkbox"/> Delete                        |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |  | Date: <b>4-1-08</b> Daytime Phone #: <b>888-298725</b> |   |   |  |