

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003818

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** GREY ROCK HILL, LLC

**Current Principal Place of Business:**

624 CHAUCER DRIVE  
WINTERVILLE, NC 28590

**New Principal Place of Business:**

**Current Mailing Address:**

624 CHAUCER DRIVE  
WINTERVILLE, NC 28590

**New Mailing Address:**

**FEI Number:** 26-6106147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAHAM, ASHLEY D ESQ.  
5200 CENTRAL AVENUE  
ST. PETERBURG, FL 33707 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  
**Name:** ARTOIS, KATHLEEN P  
**Address:** 624 CHAUCER DR  
**City-St-Zip:** WINTERVILLE, NC 28590

**Title:** MGRM  
**Name:** PAINTER, DENNIS W  
**Address:** 119 WARWICK DRIVE  
**City-St-Zip:** WILMINGTON, DE 19803

**Title:** MGRM  
**Name:** STEWART, CONNIE P  
**Address:** 1119 WISTERIA DR  
**City-St-Zip:** FLORENCE, SC 29501

**Title:** MGRM  
**Name:** ARTOIS, F. WILLIAM  
**Address:** 624 CHAUCER DRIVE  
**City-St-Zip:** WINTERVILLE, NC 28590

**Title:** MGRM  
**Name:** PAINTER, WALLACE J  
**Address:** NORTH 5204 GORDON ROAD  
**City-St-Zip:** SPOKANE, WA 99204

I hereby 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:** KATHLEEN P ARTOIS

MGR

01/30/2012

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