

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90016 037 \*\*\*\*50.00

**DOCUMENT # M95000000044**

1. Entity Name

**GRC MANAGEMENT, L.L.C., LIMITED COMPANY**



Principal Place of Business

**200 GREEN SPRINGS HWY  
GREEN SPRINGS SHOP CTR  
BIRMINGHAM AL 35209**

Mailing Address

**200 GREEN SPRINGS HWY  
GREEN SPRINGS SHOP CTR  
BIRMINGHAM AL 35209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-1127453**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GRIMMER, JAMES B  
EMERALD COAST CENTER  
14063 EMERALD COAST PARKWAY  
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

**SAMUEL P. GRIMMER**

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

**EMERALD COAST CENTRE**

**14063 EMERALD COAST PARKWAY**

City

**DESTIN**

**FL**

Zip Code  
**32541**

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

*Samuel P. Grimmer*

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 **MBR** ☒ Delete  
NAME **GRIMMER, JAMES B**  
STREET ADDRESS **14063 EMERALD COAST PARKWAY**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MBR - MANAGING MEMBER** ☐ Change ☒ Addition  
NAME **SAMUEL P. GRIMMER**  
STREET ADDRESS **14063 EMERALD COAST PARKWAY**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Samuel P. Grimmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)