

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - M98000000292

1. Entity Name

GRIFFIN L.L.C. VALDOSTA, GEORGIA

Principal Place of Business

2509 ROCKY FORD ROAD
VALDOSTA GA 31609-1

Mailing Address

2509 ROCKY FORD ROAD
VALDOSTA GA 31609-1

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

58-2380853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR GRIFFIN, R A JR ☐ Delete
STREET ADDRESS 2509 ROCKY FORD ROAD
CITY-ST-ZIP VALDOSTA GA 31609-1

TITLE NAME MGR CAMPBELL, J. JETTE ☐ Delete
STREET ADDRESS 2509 ROCKY FORD ROAD
CITY-ST-ZIP VALDOSTA GA 31609-1

TITLE NAME MGR MCTIER, JOHN T ☐ Delete
STREET ADDRESS 2509 ROCKY FORD ROAD
CITY-ST-ZIP VALDOSTA GA 31609-1

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100004034751--9
CITY-ST-ZIP -04/20/01--01032--017
*****50.00 *****50.00

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

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

J. Jette Campbell

4/6/01

Date

(229) 293-4242

Daytime Phone #

0030443 AB

CR2E083 (11/00)

FILED
01 APR 11 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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