

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90096 043 ****55.00

DOCUMENT # L00000003563



1. Entity Name
GRAYLAN CONSULTING, LLC

Principal Place of Business Mailing Address
412 S. ROYAL PALM WAY 412 S. ROYAL PALM WAY
TAMPA FL 33609 TAMPA FL 33609

90156957



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
412 S. Royal Palm Way
Suite, Apt. #, etc.

3. Mailing Address
same
Suite, Apt. #, etc.

City & State
Tampa FL
33609

City & State

4. FEI Number **59-3652750**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY-ROGEL, BEVAN
412 S. ROYAL PALM WAY
TAMPA FL 33609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bevan Gray-Rogel*

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 September 24, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GRAY-ROGEL, BEVAN	
STREET ADDRESS	412 S. ROYAL PALM WAY	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bevan Gray-Rogel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/17/03 *813-287-2717*
Date Daytime Phone #

CR2E083 (4/03)