

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

APPROVAL  
AND  
FILED

\$50

05 MAR 23 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004655

1. Entity Name  
GRELELA LLC



Principal Place of Business  
2000 E. EDGEWOOD DR., STE 102  
LAKE LAND, FL 33803

Mailing Address  
2000 E. EDGEWOOD DR., STE 102  
LAKE LAND, FL 33803



03082005No Chg-LLC

CR2E083 (10/03)

*MRS*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1005289

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RICHARDS, GARY F  
2000 E. EDGEWOOD DR., STE 102  
LAKE LAND, FL 33803

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
GRELELA MANAGEMENT COMPANY  
2000 E. EDGEWOOD DR., STE 102  
LAKE LAND, FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

*3/17/05*

Date

Daytime Phone #