

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

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90032 006 \*\*\*\*50.00

**DOCUMENT # L00000015331**

**1. Entity Name**  
**GRUNDMAN IRONWORKS, LLC**



**Principal Place of Business**

**3030 BURRIS ROAD  
DAVIE FL 33314**

**Mailing Address**

**3030 BURRIS ROAD  
DAVIE FL 33314**

**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 65-1080326**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

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

**BLACK, WILLIAM R  
2691 E OAKLAND PARK BLVD.  
SUITE 102  
FORT LAUDERDALE FL 33306**

**7. Name and Address of New Registered Agent**

Name **RICHARD GRUNDMAN**

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

**3030 BURRIS RD**

City **DAVIE**

**FL**

Zip Code **33314**

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

(NOTE: Registered Agent signature required when reinstating)

**MEMBER**

**1/31/03**

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**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGRM**  
**GRUNDMAN, RICHARD**  
**3030 BURRIS ROAD**  
**DAVIE FL 33314**

☐ Delete

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

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**10. ADDITIONS / CHANGES**

☐ Change ☐ Addition

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

☐ Change

**TITLE**  
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**STREET ADDRESS**  
**CITY - ST - ZIP**

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☐ Change ☐ Addition

**TITLE**  
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**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:**

*Richard Grundman* **RICHARD GRUNDMAN**

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

Date

Daytime Phone #

CR2E083 (10/02)