

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90124 006 \*\*\*\*50.00

**DOCUMENT # L01000003601**

1. Entity Name  
**GRIDFLORIDA LLC**



Principal Place of Business  
**4200 WEST FLAGLER ST.  
ATTN: C. MARTIN MENNES  
MIAMI, FL 33134**

Mailing Address  
**4200 WEST FLAGLER ST.  
ATTN: C. MARTIN MENNES  
MIAMI, FL 33134**



2. Principal Place of Business

**9250 WEST FLAGLER STREET**

Suite, Apt. #, etc.

**ATTN: C. MARTIN MENNES**

City & State

**MIAMI, FL**

Zip

**33174**

Country

**USA**

3. Mailing Address

**9250 WEST FLAGLER STREET**

Suite, Apt. #, etc.

**ATTN: C. MARTIN MENNES**

City & State

**MIAMI, FL**

Zip

**33174**

Country

**USA**

01192004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

**65-1080520**

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. 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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MENNES, C. MARTIN  
4200 WEST FLAGLER ST  
MIAMI, FL 33134** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HARPER, CHARLES J  
6565 38TH AVE N  
SAINT PETERSBURG, FL 33710** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAMON, GREGORY J  
702 N FRANKLIN STREET  
TAMPA, FL 33602** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MRGM  
MENNES, C. MARTIN  
9250 WEST FLAGLER STREET  
MIAMI, FL 33174** ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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: *C. Martin Mennes* Martin Mennes**

**1-22-2004**

**(561) 694-3424**

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

Date

Daytime Phone #