

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000004878**

1. Entity Name  
**GRIND-ALL, LLC**



Principal Place of Business  
**2762 WEST BEAVER ST.  
JACKSONVILLE, FL 32254**

Mailing Address  
**2762 WEST BEAVER ST.  
JACKSONVILLE, FL 32254**



07072005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0618079**

Applied For  
**Not Applicable**

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

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

**NORMAN P. FREEDMAN, P.A.  
525 NORTH NEWNAN ST.  
JACKSONVILLE, FL 32202**

**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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SHAW, H. ROY  
2762 W BEAVER STREET  
JACKSONVILLE, FL 32254**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
LACHAPPELLE, GUY  
2762 W BEAVER STREET  
JACKSONVILLE, FL 32254**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
VONZANT, HENRY  
2762 W BEAVER STREET  
JACKSONVILLE, FL 32254**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
WALKER, CHALRES  
2762 W BEAVER STREET  
JACKSONVILLE, FL 32254**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000373228  
07/18/05-80007-014 50.00

**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)(f), 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

Date

Daytime Phone #

**7-7-05 904-388-9960**