

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90214 004 ****50.00

DOCUMENT # L02000016390

1. Entity Name
GRS, L.L.C.



Principal Place of Business
9150 SW 87TH AVE., STE. 205
MIAMI, FL 33176

Mailing Address
9150 SW 87TH AVE., STE. 205
MIAMI, FL 33176

24028647



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3706109

Applied For
Not Applicable

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

GREENFIELD, ALAN E ESQ.
15105 NW 77TH AVE., 3RD FLOOR
MIAMI LAKES, FL 33014

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

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME GREENSTEIN, STEWART A
STREET ADDRESS 9150 SW 87 AVE #205
CITY-ST-ZIP MIAMI, FL 33176

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

TITLE S ☐ Delete
NAME SKORIC, PAUL W
STREET ADDRESS 9150 SW 87 AVE #205
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☒ Change ☐ Addition
NAME Skoric, Paul U
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ROTH, MELWYN
STREET ADDRESS 305 FOREST PARK DR
CITY-ST-ZIP BLOWING ROCK, NC 28605

TITLE ☒ Change ☐ Addition
NAME Roth, Melvyn
STREET ADDRESS 6531 NW 72 Place
CITY-ST-ZIP Parkland, FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

35-595-1518

STEWART A. GREENSTEIN 3/22/04