


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L02000021185 1. Entity Name GRUNSKIS, LLC |  |
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| Principal Place of Business C/O INDUSTRIAL CLEANING EQUIP & SUPPLY 2600 NW 55 COURT, UNIT 230 FT. LAUDERDALE, FL 33309 | Mailing Address C/O INDUSTRIAL CLEANING EQUIP & SUPPLY 2600 NW 55 COURT, UNIT 230 FT. LAUDERDALE, FL 33309 |
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04212005No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 76-0709500 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

8. Name and Address of Current Registered Agent

GRUNSKIS, ALFONSE
 C/O INDUSTRIAL CLEANING EQUIPMENT & SUPPLY
 2600 NW 55 COURT, UNIT 230
 FT. LAUDERDALE, FL 33309

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GRUNSKIS, ALFONSE J 2600 NW 55 COURT, UNIT 230 FT. LAUDERDALE, FL 33309 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GRUSKIS, DIANE 2600 NW 55 COURT, UNIT 230 FT. LAUDERDALE, FL 33309 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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 04/27/05-80115-022 55.00

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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: Diane Gruskis DIANE GRUSKIS 4/21/05 954-714-4977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #