

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90153 026 \*\*\*\*55.00

**DOCUMENT # L02000021185**



1. Entity Name  
**GRUNSKIS, LLC**

Principal Place of Business      Mailing Address  
C/O INDUSTRIAL CLEANING EQUIPMENT & SUPPLY      C/O INDUSTRIAL CLEANING EQUIPMENT & SUPPLY  
2600 NW 55 COURT, UNIT 230      2600 NW 55 COURT, UNIT 230  
FT. LAUDERDALE FL 33309      FT. LAUDERDALE FL 33309

00040000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Zip      Country      Country

*no change*      *no change*

4. FEI Number      Applied For  
**76-0709500**      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**

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

*no change*

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 *not needed remains same*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	GRUNSKIS, ALFONSE J	2600 NW 55 COURT, UNIT 230	FT. LAUDERDALE FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGRM	Grunskis, Diane	2600 NW 55 court Unit 230	Ft. Lauderdale, FL 33309	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **SIGNATURE REQUIRED**

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

3/13/03

Date

981-714-4977

Daytime Phone #

CR2E083 (10/02)