

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90121 011 ****50.00

DOCUMENT # L03000001097

1. Entity Name
GRAND LEO, LLC



Principal Place of Business
**5125 FOXHALL DRIVE NORTH
WEST PALM BEACH, FL 33417 US**

Mailing Address
**5125 FOXHALL DRIVE NORTH
WEST PALM BEACH, FL 33417 US**

24063040



2. Principal Place of Business
2995 BURGoyNE LANE

3. Mailing Address
2995 BURGoyNE LANE

Suite, Apt. #, etc.

04212004 Chg-LLC CR2E083 (10/03)

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33409

Country -
USA

Zip
33409

Country
USA

4. FEI Number
05-0046758

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, MARETHIA A
5125 FOXHALL DRIVE NORTH
WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

Name
WILLIAMS, MAURECE J

Street Address (P.O. Box Number is Not Acceptable)
2995 BURGoyNE LANE

City
WEST PALM BEACH FL

Zip Code
33409

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 29, 07

**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	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	WILLIAMS, MAURECE J	2995 BURGoyNE LANE	WEST PALM BEACH, FL 33409		
D	WILLIAMS, MARETHIA A	5125 FOXHALL DRIVE NORTH	WEST PALM BEACH, FL 33417		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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:

[Signature]

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

Date

Daytime Phone #

April 24, 07