APR. 29. 2004 4:16PM COHEN & GRIEB P.A. 813 232 7225

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90150 043 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025744

1. Entity Name
GRILLE TECHNOLOGIES LLC

24064458

Principal Place of Business	Mailing Address
2204 STACY CT. DUNEDIN, FL 34698	2204 STACY CT. DUNEDIN, FL 34698

04292004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
9620 Osceola Dr.	9620 Osceola Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ø
City & State: New Port Richey	City & State: New Port Richey
Zip: 34654 Country: U.S.A.	Zip: 34654 Country: U.S.A.

4. FEI Number 20-0141635 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON ST.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name: Ryan Walsh
Street Address (P.O. Box Number is Not Acceptable): 9620 Osceola Dr.
City: New Port Richey FL Zip Code 34654

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] 4/29/04
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, RYAN 2204 STACY CT. DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] 4/29/04 (727) ~~871~~ 1-5966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #