

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90022 034 ****50.00

DOCUMENT # L03000039553

1. Entity Name
GRAFF HOLDINGS, L.L.C.



Principal Place of Business
**548 S. HIGHWAY 27, SUITE C
CLERMONT, FL 34711**

Mailing Address
**548 S. HIGHWAY 27, SUITE C
CLERMONT, FL 34711**

20029863



2. Principal Place of Business

548 US Hwy 27

3. Mailing Address

548 US Hwy 27

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

SUITE C

City & State

MINNEOLA FL

City & State

MINNEOLA, FL

Zip

34715

Country

US

Zip

34715

Country

US

03072005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

38-3639986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAFF, MARK
548 S. HIGHWAY 27, SUITE C
CLERMONT, FL 34711**

MINNEOLA, FL 34715

7. Name and Address of New Registered Agent

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **GRAFF, MARK**
STREET ADDRESS **548 S. HIGHWAY 27, SUITE C**
CITY-ST-ZIP **CLERMONT, FL 34711**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **MINNEOLA, FL 34715**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

4/7/05

312-394-1894

Date

Daytime Phone #