

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042681

FILED
Feb 23, 2009
Secretary of State

Entity Name: GRATEFUL HOLDINGS, LLC

Current Principal Place of Business:

457 LEUCADENDRA DR.
CORAL GABLES, FL 33134

New Principal Place of Business:

457 LEUCADENDRA DR.
CORAL GABLES, FL 33156

Current Mailing Address:

457 LEUCADENDRA DR.
CORAL GABLES, FL 33134

New Mailing Address:

457 LEUCADENDRA DR.
CORAL GABLES, FL 33156

FEI Number: 20-0378473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BELL, DANIEL M
Address: 457 LEUCADENDRA DR.
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: BELL, PATRICIA B
Address: 457 LEUCADENDRA DR.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BELL, DANIEL M
Address: 457 LEUCADENDRA DR.
City-St-Zip: CORAL GABLES, FL 33156

Title: MGR (X) Change () Addition
Name: BELL, PATRICIA B
Address: 457 LEUCADENDRA DR.
City-St-Zip: CORAL GABLES, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL M. BELL

MGR

02/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date