2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
03-03-2004 90152 008 ****50.00

DOCUMENT # L03000044129

1. Entity Name
GREYCONSULTING, LLC

Principal Place of Business	Mailing Address
4220 42ND WAY WEST PALM BEACH, FL 33407	4220 42ND WAY WEST PALM BEACH, FL 33407

02152004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
442 Woodview Cir.	442 Woodview Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens, FL	City & State: Palm Beach Gardens
Zip: 33418 Country: USA.	Zip: 33418 Country: USA.

4. FEI Number 16-1688136. ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREYVENSTEYN, LEON
4220 42ND WAY
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name: Greyvensteyn. Leon.
Street Address (P.O. Box Number is Not Acceptable): 442 Woodview Cir.
City: Palm Beach Gardens FL Zip Code 33418

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 ____________ 2/24/04.
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	Mr. Leon Greyvensteyn. 442 Woodview Cir. Palm Beach Gardens 33408. ☐ 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: ____________ 2/24/04.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #