

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033689

FILED
Mar 28, 2009
Secretary of State

Entity Name: THE GRIND LLC

Current Principal Place of Business:

14261 S. TAMiami TRAIL
SUITE #10
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

14261 S. TAMiami TRAIL
SUITE #10
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 27-0090640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DWYER, NANCY L
2100 ELECTRONICS LANE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

DWYER, NANCY L
2100 ELECTRONICS LN
FORT MYERS, FL 33912 US

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: NANCY L DWYER

03/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SILCOX, LUCRETIA A
Address: 2100 ELECTRONICS LN
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM () Delete
Name: DOOLEY, BRIAN P
Address: 2100 ELECTRONICS LANE
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM () Delete
Name: DWYER, NANCY L
Address: 2100 ELECTRONICS LANE
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NANCY L DWYER

MGRM

03/28/2009

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