

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037846

FILED  
Jun 05, 2009  
Secretary of State

Entity Name: GRAMIC RESEARCH LABORATORY, LLC

**Current Principal Place of Business:**

4330 SHERIDAN STREET  
201B  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4330 SHERIDAN STREET  
201B  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 20-1147398      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HAGEN & HAGEN, P.A.  
3531 GRIFFIN ROAD  
FT LAUDERDALE, FL 33312      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: LEYKIND, STEVE R  
Address: 4330 SHERIDAN STREET, SUITE 201B  
City-St-Zip: HOLLYWOOD, FL 33021

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

Title: MGR      ( ) Delete  
Name: BATKILIN, ELARYA  
Address: 4330 SHERIDAN STREET, SUITE 201B  
City-St-Zip: HOLLYWOOD, FL 33021

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

Title: MGR      ( ) Delete  
Name: BATKILIN, LEON  
Address: 4330 SHERIDAN STREET, SUITE 201B  
City-St-Zip: HOLLYWOOD, FL 33021

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: STEVE LEYKIND

MR

06/05/2009

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