

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # L04000093442

1. Entity Name
GRIEGER SALES, LLC



Principal Place of Business
2901 CASSEY KEY ROAD
NOKOMIS, FL 34275

Mailing Address
2901 CASSEY KEY ROAD
NOKOMIS, FL 34275



01192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2373051

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERTRAND, ROBERT J
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

1100000477582
04/06/06-80057-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GRIEGER, JOHN E JR
STREET ADDRESS	2901 CASEY KEY RD
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	VP
NAME	GRIEGER, KAREN A
STREET ADDRESS	2901 CASEY KEY RD
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	VP
NAME	GRIEGER, JOHN E III
STREET ADDRESS	2839 MERIDIAN PT LN
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	ST
NAME	GRIEGER, BRYAN JAMES
STREET ADDRESS	321 MACATHUR DR
CITY - ST - ZIP	ORLANDO, FL 32839

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-20-06 863-393-0018