


**2007 LIMITED LIABILITY COMPANY-
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000093442 1. Entity Name GRIEGER SALES, LLC	
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Principal Place of Business 2901 CASSEY KEY ROAD NOKOMIS, FL 34275	Mailing Address 2901 CASSEY KEY ROAD NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2373051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALLOCK, DAVID D JR.
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801**

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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, 2007**

U00000622603
02/13/07-80033-001 50.00

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

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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 # _____