

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90041 046 ****50.00

DOCUMENT # L05000006674

1. Entity Name

GRISINGER REILLY DESIGN, LLC



Principal Place of Business

4621 FLORAMAR TERRACE
NEW PORT RICHEY FL 34652-3370

Mailing Address

7143 STATE ROAD 54 #215
NEW PORT RICHEY FL 34653-6104



2. Principal Place of Business

3616 Ferrell St.
Suite, Apt. #, etc.
New Port Richey
City & State
FL

3. Mailing Address

7143 State Rd 54 #215
Suite, Apt. #, etc.
New Port Richey
City & State
FL

1st MOORE

CR2E083 (10/05)

4. FEI Number

412166013

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REILLY, TERESA K
4621 FLORAMAR TERRACE
NEW PORT RICHEY FL 34652-3370

(change of address only)

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Teresa K Reilly MGRM Teresa K Reilly 4/28/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	REILLY, TERESA K	
STREET ADDRESS	4621 FLORAMAR TERRACE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652-3370	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	REILLY, ROSE L	
STREET ADDRESS	4621 FLORAMAR TERRACE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652-3370	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	REILLY, GLORIA T.	
STREET ADDRESS	4621 FLORAMAR TERRACE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652-3370	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, TERESA K.	
STREET ADDRESS	3616 Ferrell St.	
CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Teresa K Reilly Teresa K. Reilly 4/29/06 (727) 834-8808