

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90365 041 ****50.00

DOCUMENT # L05000006674

1. Entity Name

GRISINGER REILLY DESIGN, LLC



Principal Place of Business

3616 FERRELL ST
NEW PORT RICHEY FL 34655

Mailing Address

7143 STATE RD 54TH ST
NEW PORT RICHEY FL 34653



2. Principal Place of Business - No P.O. Box #

1536 Crossvine Court

3. Mailing Address

Suite, Apt. #, etc.

New Port Richey, FL

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

41-2166013

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

7. Name and Address of New Registered Agent

Name: Reilly, Teresa K.

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

1536 Crossvine Ct.

New Port Richey, FL

City

FL

Zip Code

34655

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

Teresa K Reilly

4/25/07

Signature, typed or printed name of registered agent and fee 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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ☐ Delete
NAME: REILLY, TERESA K
STREET ADDRESS: 3616 FERRELL ST
CITY- ST- ZIP: NEW PORT RICHEY FL 34655

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

10. ADDITIONS/CHANGES

TITLE: MGRM ☒ Change ☐ Addition
NAME: Reilly, Teresa K.
STREET ADDRESS: 1536 Crossvine Court
CITY- ST- ZIP: New Port Richey, FL 34655

TITLE: ☐ Change ☐ Addition
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 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: Teresa K Reilly

Teresa K Reilly 4/25/07 (877) 847-2748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #