

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90044 033 ****55.00

DOCUMENT # L05000012712



1. Entity Name
GRIZZ "LLC"

Principal Place of Business
13290 CORBEL CIRCLE
SUITE 2215
FT MYERS FL 33907
US

Mailing Address
13290 CORBEL CIRCLE
SUITE 2215
FT MYERS FL 33907
US



2. Principal Place of Business
3022 SE 18th Ave.
Suite, Apt. #, etc.

3. Mailing Address
3022 SE 18th Ave
Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/06)

City & State
Cape Coral, FL
Zip 33904 Country USA

City & State
Cape Coral, FL
Zip 33904 Country USA

4. FEI Number
202991832
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEWLEY, ALICIA A
13290 CORBEL CIRCLE
APT 2215
FT MYERS FL 33907

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

8/25/06
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOUGHTEN, BRENT A 13290 CORBEL CIRCLE #2215 FT MYERS FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]

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

8/23/06

Date Daytime Phone #