


**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

[illegible]

DOCUMENT # L05000023484

1. Entity Name  
GRIFFITH LLC



04-27-2006 90015 001 \*\*\*\*50.00

Secretary of State

Principal Place of Business  
5 ARLINGTON OAKS  
CEDAR HILL, MO 63016 US

Mailing Address  
5 ARLINGTON OAKS  
CEDAR HILL, MO 63016 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State


Zip

Country

Zip

Country

03142006 Chg-LLC CR2E083 (11/05)



4. FEI Number  
20-2456960

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MCVAY, DOUGLAS  
619 N DIXIE HIGHWAY  
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent  
Name John D. Fenlason  
Street Address (P.O. Box Number is Not Acceptable)  
4457-A Purdy Lane  
City West Palm Beach FL Zip Code 33406

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  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIFFITH, GARY 5 ARLINGTON OAKS CEDAR HILL, MO 63016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFITH, ANTONIA 5 ARLINGTON OAKS CEDAR HILL, MO 63016	<input checked="" 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	MGRM Griffith, Gary 5 Arlington Oaks Cedar Hill, MO 63016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:  (NOTE: Signature of Managing Member, Manager, or Authorized Representative)

Date Daytime Phone #