## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

## Aug 21, 2006 8:00 am Secretary of State **DOCUMENT #L05000029856** 08-21-2006 90128 007 \*\*\*\*50.00 1. Entity Name GRQ HOLDINGS, LLC Principal Place of Business Mailing Address 2535 EAGLE RUN DRIVE 2535 EAGLE RUN DRIVE WESTON, FL 33327 WESTON, FL 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07242006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-254 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAW OFFICES OF JOSEPH A HEINTZ JR PA Street Address (P.O. Box Number is Not Acceptable) 120 E OAKLAND PARK BLVD SUITE 204 FORT LAUDERDALE, FL 33334 City 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Delete TIFLE ☐ Change Addition FAUCHER, MARK S NAME NAME 367 FAIRMONT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROHLFS, RICHARD A NAME NAME STREET ADDRESS 150 CAYUGA RD STREET ADDRESS CITY-ST-ZIP LAKE ORION, MI 48362 CITY-ST-ZIP MGRM TITLE ☐ Delete Change ☐ Addition MCINTYRE, TOM NAME NAME STREET ADDRESS 357 FAIRMONT RD. STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition LEEPER, CURTIS NAME NAME STREET ADDRESS 2535 EAGLE RUN DRIVE STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

**FILED**