

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-08-2006 90041 023 ****55.00

DOCUMENT # L05000031090 1. Entity Name MICHAEL GRIMAL, LLC			
Principal Place of Business 2495 E COMMERCIAL BLVD FT. LAUDERDALE FL 33308		Mailing Address 2495 E COMMERCIAL BLVD FT. LAUDERDALE FL 33308	
2. Principal Place of Business 4203 NW 47 Street		3. Mailing Address 4203 NW 47 street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMARAC FL		City & State TAMARAC FL	
Zip 33319	Country USA	Zip 33319	Country FLORIDA USA
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIMAL, MICHAEL 4203 NW 47 STREET TAMARAC FL 33309		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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 <u>Michael GRIMAL</u>		DATE <u>02/21/2006</u>	
Signature, typed or printed name of registered agent and use if applicable.		(NOTE: Registered Agent signature required when terminating)	
FILE NOW!!! FEE IS \$50.00. Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIMAL, MICHAEL 4203 NW 47 STREET TAMARAC FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Michael Grimal</u>		DATE <u>02/21/2006</u> 954-709-7772	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	