

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059210

Entity Name: GRIP POD SYSTEMS, L.L.C.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

738 NATURE'S HAMMOCK DRIVE
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

738 NATURE'S HAMMOCK DRIVE
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 01-0852536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, JOSEPH
738 NATURES HAMMOCK DR
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOODY, JOSEPH R
Address: 738 NATURES HAMMOCK DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: GADDINI, JOSEPH D
Address: 4360 DEERWOOD LN
City-St-Zip: EVANS, GA 30809

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GADDINI, JOSEPH D
Address: 5832 ARMADA COURT
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH R MOODY

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date