2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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

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
Name: MOODY, JOSEPH R
Address: 738 NATURES HAMMOCK DR
City-St-Zip: JACKSONVILLE, FL 32259

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

I hereby 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 Statues.

SIGNATURE: JOSEPH R. MOODY MGRM 04/05/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date