

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059210

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

FILED
Jan 18, 2011
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
Name: MOODY, JOSEPH R
Address: 738 NATURES HAMMOCK DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM
Name: GADDINI, JOSEPH D
Address: 1 BEAVER CREEK LANE
City-St-Zip: ASHEVILLE, NC 28804

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 Statutes.

SIGNATURE: JOSEPH R. MOODY

MGRM

01/18/2011

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