

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000059210

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**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:**

3613 NORTH 29TH AVENUE  
HOLLYWOOD, FL 33020 US

**Current Mailing Address:**

738 NATURE'S HAMMOCK DRIVE  
JACKSONVILLE, FL 32259

**New Mailing Address:**

3613 NORTH 29TH AVENUE  
HOLLYWOOD, FL 33020 US

**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:**

VON KAHLE, PHIL  
3613 NORTH 29TH AVENUE  
HOLLYWOOD, FL 33020 US

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: PHIL VON KAHLE

10/04/2011

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: PHIL VON KAHLE, AUTHORIZED REPRESENTATIVE

REP

10/04/2011

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