

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061782

FILED
Aug 03, 2008
Secretary of State

Entity Name: GRIND HARD RECORDS, LLC

Current Principal Place of Business:

13632 VANDERBILT RD.
ODESSA, FL 33556

New Principal Place of Business:

15411 PEPPER PINE CT
LAND O LAKES, FL 34638

Current Mailing Address:

P O BOX 341524
TAMPA, FL 33694

New Mailing Address:

FEI Number: 20-2690041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POWELL, KARL JR.
13632 VANDERBILT RD.
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

POWELL, KARL JR.
15411 PEPPER PINE CT
LAND O LAKES, FL 34638 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: _____

08/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POWELL, KARL JR.
Address: P O BOX 341524
City-St-Zip: TAMPA, FL 33694

Title: MGR () Delete
Name: POWELL, TONY JR.
Address: P O BOX 341524
City-St-Zip: TAMPA, FL 33694

ADDITIONS/CHANGES:

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

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

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: KARL POWELL

CEO

08/03/2008

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