

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90129 005 ****55.00

DOCUMENT # L05000096998

1. Entity Name
GRIPSORS, LLC



Principal Place of Business
412 CYPRESS GARDENS BLVD., SUITE 302
WINTER HAVEN FL 33880
US

Mailing Address
121 SANDBURG LANE
WINTER HAVEN FL 33884
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/06)

4. FEI Number

32-0162778

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNCAN, BRANDY
412 CYPRESS GARDENS BLVD., SUITE 302
WINTER HAVEN FL 33880

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VALERIO, SUSAN L
7 HOOD STREET
LOCK HAVEN PA 17745 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
See letter... ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
These changes have already been requested ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete Susan Valerio (above) ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Add Sharon J. Zelinko ☐ Delete
121 Sandburg Lane
Winter Haven, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(managing member) ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Susan Valerio* Susan Valerio

8-13-06 863-521-6659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000096998	
1. Entity Name GRIPSORS, LLC	

Principal Place of Business 412 CYPRESS GARDENS BLVD., SUITE 302 WINTER HAVEN FL 33880 US	Mailing Address 121 SANDBURG LANE WINTER HAVEN FL 33884 US
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

ATTACHMENT
20053093

2nd MOORE CR2E083 (4/06)

4. FEI Number 32-0162778		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DUNCAN, BRANDY 412 CYPRESS GARDENS BLVD., SUITE 302 WINTER HAVEN FL 33880		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	--	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reappointing)	DATE
-----------	---	------

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VALERIO, SUSAN L 7 HOOD STREET LOCK HAVEN PA 17745 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	See letter... <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Susan Valerio Susan Valerio	8-13-06	863-521-6659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		



ATTACHMENT
Gripsors, LLC

20053093

412 Cypress Gardens Blvd
Suite # 302
Winter Haven, FL 33880

Phone: 863-221-6659
Toll Free: 866-845-9990
FAX: 863-325-8231

Online:

Correspondence: gripsors@yahoo.com Orders: www.gripsors.com (printable order form)

August 14, 2006

DIVISION OF CORPORATIONS
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

RE: L05000096998

Dear Sir or Madam:

I am filing this annual report in compliance with the instructions received. This LLC is a sole proprietorship and records were recently correct to amend the managing member to the rightful owner, Sharon J. Zelinko, 121 Sandburg Lane, Winter Haven, FL 33884.

It was believed that Susan L. Valerio would be a managing member in order to file paperwork for Sharon, but Sharon was inadvertently not included on the list of original members.

This letter is included with this document and \$50.00 filing fee because we are unsure how we should be reporting these changes on this form or if we should because your records may now reflect these changes.

The form is signed by Susan L. Valerio as shown on the form, but in the meantime, Sharon J. Zelinko has been added and Susan L. Valerio has been removed to allow Gripsors, LLC, to be reported correctly as a sole proprietorship.

Sharon J. Zelinko's signature below indicates her acknowledgment of these facts.

Sincerely yours,

Susan L. Valerio
Signatory of Gripsors, LLC
2006 Limited Liability Company Annual Report (AR)

Sharon J. Zelinko
Cell Phone: 863-221-6659 My signature above indicates I am the current managing member of Gripsors, LLC