

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90073 013 \*\*\*\*55.00

**DOCUMENT # L05000105461**

1. Entity Name  
**GRD SOLUTIONS LLC**



Principal Place of Business  
**34741 O'BERRY ROAD  
DADE CITY, FL 33523**

Mailing Address  
**34741 O'BERRY ROAD  
DADE CITY, FL 33523**

**20050913**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number

**20-3732291**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name **Sheri L. Stancaland**

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

**34741 O'Berry Road**

City

**Oade City**

FL

Zip Code

**33523**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Sheri L. Stancaland, Sheri L. Stancaland, 7/25/06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **SAMPLE-STANALAND, SHERRI L**  
STREET ADDRESS **34741 O'BERRY ROAD**  
CITY-ST-ZIP **DALE CITY, FL 33523**

TITLE **MGRM** ☒ Delete  
NAME **TEAR, JENNIFER L**  
STREET ADDRESS **34741 O'BERRY ROAD**  
CITY-ST-ZIP **DALE CITY, FL 33523**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **Harold R. Sample**  
STREET ADDRESS **34825 O'Berry Road**  
CITY-ST-ZIP **Oade City, FL 33523**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **Karen E. Sample**  
STREET ADDRESS **34825 O'Berry Road**  
CITY-ST-ZIP **Oade City, FL 33523**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **Kristy Bullington**  
STREET ADDRESS **34741 O'Berry Rd.**  
CITY-ST-ZIP **Oade City, FL 33523**

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

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

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

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

**Sheri L. Stancaland, Sheri L. Stancaland**

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

Date

**7/25/06**

Daytime Phone #

**(352)**

**521-3454**