2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L06000004146 07-23-2007 90076 026 ****50.00 Entity Name GRADY'S DIE SHOP, LLC Mailing Address Principal Place of Business 60053125 2430 NW 38TH STREET 2430 NW 38TH STREET MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11TH AVE 4570 E. 11TH AVE 4570 E Suite, Apt. #, etc. Suite, Apt. #, etc 07162007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number HIALEAH 56 - 2549 007 HIALEAH Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33<u>013</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARDS RICHARDSON, GRADY L JR. 2430 NW 38TH STREET MIAMI, FL 33142 HIALEAH 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. 07 SIGNATURE DATE Make check payable to Filing Fee is \$50.00 Due by September 14, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR ☐ Addition ✓ Delete ☐ Chance TITLE RICHARDSON, GRADY L JR. NAME NAME 2430 NW 38TH STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33142 CITY-ST-ZIP CITY-ST-ZIP MGR Delete Addition ☐ Change TITLE TITLE FLOCK, ROBERT W NAME NAME 2430 NW 38TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33142 MGR Delete Change Addition TITLE TITLE BENITEZ, OMAR R NAME NAME STREET ADDRESS 2430 NW 38TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE MGR RICHARDSON, GRADY L. JR 4570 E. 14TH AVE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33013 TITLE MGR ☐ Delete ☐ Change Addition FLOCK, ROBERT W. NAME NAME STREET ADDRESS STREET ADDRESS 4570 E. LITH AVE. CITY-ST-ZIP CITY-ST-ZIE HIALEAH, FL 33013 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MGR BENITEZ, OMAR R. 4510 E. UTH AVE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33013 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.

AAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jul 23, 2007 8:00 am

Daytime Phone #