## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 28, 2008 08:00 A Secretary of State

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1. Entity Name
GRADY'S DIE SHOP, LLC



Principal Place of Business

4570 E. 11TH AVE HIALEAH, FL 33013 Mailing Address

4570 E. 11TH AVE HIALEAH, FL 33013



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2549007

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, GRADY L JR. 4570 E. 11TH AVE. HIALEAH, FL 33013

the obligations of registered agent.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## DO NOT WRITE, IN THIS SPACE

SIGNATURE									
	Signature, typed or printed name of registered agent and lipe if applicable.		nature required when rains(a(ing)	., DATE					
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75								
9.	MANAGING MEMBERS/MANAGERS	• •	and the second second	ing the attention the second	45				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, GRADY L JR. 4570 E. 11TH AVE HIALEAH, FL 33013								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLOCK, ROBERT W 4570 E. 11TH AVE HIALEAH, FL 33013			U00000802860 02/05/08-80001-00:	3 138.75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENITEZ, OMAR R 4570 E. 11TH AVE HIALEAH, FL 33013		DO N	IOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE					

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

11. In 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 it 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: Mach Duchardon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

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35/953-8880