

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000015561

1. Entity Name
GRENDL, LLC



Principal Place of Business

**2500 WEST LAKE MARY BLVD., SUITE 219
LAKE MARY, FL 32746**

Mailing Address

**2500 WEST LAKE MARY BLVD., SUITE 219
LAKE MARY, FL 32746**



01042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1703929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**OSWALD, DOUGLAS W
C/O OSWALD & OSWALD, P.L.
600 COURTLAND STREET, SUITE 110
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS 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 the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, RICHARD C.W. 2500 WEST LAKE MARY BLVD., SUITE 219 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, RYAN C.W. 2500 WEST LAKE BLVD STE. 219 LAKE MARY, FL 32746
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01/15/08-80094-009 138.75

**DO NOT WRITE
IN THIS SPACE**

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: *Richard Hall*

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

1/10/2008

Date

407 322-8199

Daytime Phone #