

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

03-20-2007 90145 030 ****50.00

DOCUMENT # L06000033376	
1. Entity Name GRANGIE, LLC	

Principal Place of Business 3 KNOWLES ROAD STUART FL 34996	Mailing Address 3 KNOWLES ROAD STUART FL 34996
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
KRAMER, ROBERT S 853 SE MONTEREY COMMONS BLVD. STUART FL 34996	

4. FEI Number 57-1232413	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name: GRANT D. WERLE	
Street Address (P.O. Box Number is Not Acceptable) 3 KNOWLES ROAD	
City: STUART, FL 34996	Zip Code: FL

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: <u>Grant D. Werle</u>	DATE: <u>3/9/07</u>

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007	
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WERLE, GRANT D 3 KNOWLES ROAD STUART FL 34996 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WERLE, ANGELINA B 3 KNOWLES ROAD STUART FL 34996 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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 Section 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: <u>Grant D. Werle</u>	DATE: <u>3/9/07</u> 772-286-2098