

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Dec 08, 2008**  
**Secretary of State**

DOCUMENT# L07000102341

**Entity Name:** GRIND HOUSE L.L.C.

**Current Principal Place of Business:**

1500 MCMULLEN BOOTH RD  
CLEARWATER, FL 33759

**New Principal Place of Business:**

1500 MCMULLEN BOOTH RD  
SUITE A13  
CLEARWATER, FL 33759

**Current Mailing Address:**

1500 MCMULLEN BOOTH RD  
CLEARWATER, FL 33759

**New Mailing Address:**

1500 MCMULLEN BOOTH RD  
SUITE A13  
CLEARWATER, FL 33759

FEI Number: 38-3765707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIBBONS, MICHELLE  
3700 MONTCLAIR DR  
PALM HARBOR, FL 34684 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: MICHELLE GIBBONS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GIBBONS, MICHELLE  
Address: 1500 MCMULLEN BOOTH RD  
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM ( ) Delete  
Name: GIBBONS, STEPHEN  
Address: 1500 MCMULLEN BOOTH RD  
City-St-Zip: CLEARWATER, FL 33759

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELLE GIBBONS

MGRM

12/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date