


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90021 042 ***138.75

DOCUMENT # L07000118235 1. Entity Name THE GREY LAW FIRM, LLC					
Principal Place of Business 5220 SOUTH UNIVERSITY DRIVE, SUITE 101 DAVEY, FL 33328			Mailing Address 5220 SOUTH UNIVERSITY DRIVE, SUITE 101 DAVEY, FL 33328		
2. Principal Place of Business - No P.O. Box # 5220 South University Dr		3. Mailing Address Suite, Apt. #, etc. C. 101			
City & State Davey, Florida		City & State Davey, Florida			
Zip 33328		Country USA		Zip 33328	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREY, KAREN ESQ. 5220 SOUTH UNIVERSITY DRIVE, SUITE 101 DAVEY, FL 33328		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREY, KAREN ESQ 5220 South University Drive, Suite 101 DAVEY, FL 33328	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Karen Grey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>5/21/08</u> <small>Daytime Phone #</small>		

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4. FEI Number **26-1471005** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**