

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000051804

FILED
Sep 29, 2010
Secretary of State

Entity Name: GRYCON, LLC

Current Principal Place of Business:

4101 RAVENSWOOD ROAD
SUITE 325
DANIA BEACH, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

4101 RAVENSWOOD ROAD
SUITE 325
DANIA BEACH, FL 33312 US

New Mailing Address:

FEI Number: 26-2764557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS O. WELLS, P.A.
540 BILTMORE WAY
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRV
Name: KIBLER, KRISTOFER
Address: 4101 RAVENSWOOD ROAD, SUITE 325
City-St-Zip: DANIA BEACH, FL 33312 US

Title: MGRP
Name: KIBLER, LAWRENCE L
Address: 4101 RAVENSWOOD ROAD, SUITE 325
City-St-Zip: DANIA BEACH, FL 33312 US

Title: MGRS
Name: KIBLER, PATRICK
Address: 4101 RAVENSWOOD ROAD, SUITE 325
City-St-Zip: DANIA BEACH, FL 33312 US

Title: MGRT
Name: HELITZER, CALVIN
Address: 4101 RAVENSWOOD ROAD, SUITE 325
City-St-Zip: DANIA BEACH, FL 33312 US

Title: VP
Name: MONTES DE OCA, ERIC
Address: 4101 RAVENSWOOD ROAD, SUITE 325
City-St-Zip: DANIA BEACH, FL 33312 US

Title: MGR
Name: KIBLER, TERRI G
Address: 4101 RAVENSWOOD ROAD, SUITE 325
City-St-Zip: DANIA BEACH, FL 33312 US

I hereby 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: LAWRENCE L. KIBLER

MGRP

09/29/2010

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