

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90321 036 ****50.00

60046816



04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number **47-0615913** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WERNER, C.L. 14507 FRONTIER RD OMAHA, NE 68138	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WERNER, GARY L 14507 FRONTIER RD OMAHA, NE 68138	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 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: _____

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

John J. Steele

Date

4/19/07

Daytime Phone #

402-895-6640

ATTACHMENT

60046816

GRA-GAR, LLC

MD6000001164

Officers

TITLE	NAME	BUSINESS ADDRESS
President	Gregory L. Werner	14507 Frontier Rd Omaha, NE 68138
Vice-President	Robert E. Synowicki, Jr.	14507 Frontier Rd Omaha, NE 68138
Vice-President	Dwayne O. Haug	14507 Frontier Rd Omaha, NE 68138
Vice-President	Scott Reed	14507 Frontier Rd Omaha, NE 68138
Treasurer	John J. Steele	14507 Frontier Rd Omaha, NE 68138
Secretary	James L. Johnson	14507 Frontier Rd Omaha, NE 68138

Managers

TITLE	NAME	BUSINESS ADDRESS
Manager	Clarence L. Werner (C.L.)	14507 Frontier Rd Omaha, NE 68138
Manager	Gary L. Werner	14507 Frontier Rd Omaha, NE 68138
Manager	Gregory L. Werner	14507 Frontier Rd Omaha, NE 68138
Manager	Robert E. Synowicki, Jr.	14507 Frontier Rd Omaha, NE 68138