

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000235425

Entity Name: GRATEFUL FRIENDS LLC**Current Principal Place of Business:**6583 CADDIES WAY
MASON, OH 45040**Current Mailing Address:**6583 CADDIES WAY
MASON, OH 45040 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST STE 4
TALLAHASSEE, FL 32301 US*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**Authorized Person(s) Detail :**

| | |
|-----------------|-------------------------|
| Title | AP |
| Name | BROWN, AMY |
| Address | 255 E FIFTH ST STE 2400 |
| City-State-Zip: | CINCINNATI OH 45202 |

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|-----------------|------------------|
| Title | MGR |
| Name | SHIRK, JAMES |
| Address | 6583 CADDIES WAY |
| City-State-Zip: | MASON OH 45040 |

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|-----------------|------------------|
| Title | MGR |
| Name | SHIRK, MARGARET |
| Address | 6583 CADDIES WAY |
| City-State-Zip: | MASON OH 45040 |

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|-----------------|-----------------------|
| Title | MGR |
| Name | MILLER, TRACY E |
| Address | 5928 NE RUBY LANE |
| City-State-Zip: | LEE'S SUMMIT MO 64064 |

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|-----------------|-----------------------|
| Title | MGR |
| Name | MILLER, MELANIE L |
| Address | 5928 NE RUBY LANE |
| City-State-Zip: | LEE'S SUMMIT MO 64064 |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMY BROWN**AUTHORIZED REP****04/21/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date