

**2023 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

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

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

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

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

AP

04/18/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date