

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000081676

**FILED**  
**Aug 29, 2012**  
**Secretary of State**

**Entity Name:** GRANT STREET PROFESSIONALS, LLC

**Current Principal Place of Business:**

5540 EAST GRANT STREET  
A  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

5540 EAST GRANT STREET  
A  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 84-1692126      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RAITANO, TONY  
5540 EAST GRANT STREET  
A  
ORLANDO, FL 32822 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: MGRM  
Name: PATEL, ANIL  
Address: 5550 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM  
Name: STINE, SANDRA  
Address: 5550 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM  
Name: ZIVALICH, JANE  
Address: 5550 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM  
Name: MESTRE, ARSENIO A  
Address: 5550 EAST GRANT STREET, SUITE A  
City-St-Zip: ORLANDO, FL 32822

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: ARSENIO A.MESTRE

MGRM

08/29/2012

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