

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081676

Entity Name: GRANT STREET PROFESSIONALS, LLC**Current Principal Place of Business:**5540 EAST GRANT STREET
A
ORLANDO, FL 32822**Current Mailing Address:**5540 EAST GRANT STREET
A
ORLANDO, FL 32822**FEI Number:** 84-1692126**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, ANIL R
5540 EAST GRANT STREET
A
ORLANDO, FL 32822 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:** PATEL ANIL R.**02/28/2022**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PATEL, ANIL
Address 5550 EAST GRANT STREET, SUITE A
City-State-Zip: ORLANDO FL 32822

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

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

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

Title AUTHORIZED MEMBER
Name FRANK, CATHERINE DR.
Address 5540 EAST GRANT STREET
A
City-State-Zip: ORLANDO FL 32822

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: ANIL PATEL**MANAGING PARTNER****02/28/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date