

**2023 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, ANILKUMAR 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:** ANILKUMAR R PATEL

03/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	PATEL, ANILKUMAR R
Address	5540 EAST GRANT STREET 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	AUTHORIZED MEMBER
Name	FRANK, CATHERINE DR.
Address	5540 EAST GRANT STREET 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	MESTRE, ARSENIO A
Address	5550 EAST GRANT STREET, SUITE 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:** ANILKUMAR R PATEL

MANAGING PARTNER

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date