

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000116118

**FILED**  
**Jan 06, 2015**  
**Secretary of State**  
**CC4372230035**

**Entity Name:** THE GRAHAM GROUP, LLC

**Current Principal Place of Business:**

8297 CHAMPIONSGATE BLVD.  
UNIT 501  
CHAMPIONSGATE, FL 33896

**Current Mailing Address:**

8297 CHAMPIONSGATE BLVD.  
UNIT 501  
CHAMPIONSGATE, FL 33896 US

**FEI Number:** 20-3881517

**Certificate of Status Desired:** No

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

GRAHAM, DALE D  
8297 CHAMPIONSGATE BLVD.  
UNIT 501  
CHAMPIONSGATE, FL 33896 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 MGRM  
Name GRAHAM, DALE D  
Address 8297 CHAMPIONSGATE BLVD., UNIT 501  
City-State-Zip: CHAMPIONSGATE FL 33896

Title OF COUNSEL  
Name GREENE, KELLY  
Address 8297 CHAMPIONSGATE BLVD., UNIT 501  
City-State-Zip: CHAMPIONSGATE FL 33896

*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:** DALE D. GRAHAM

**OPERATIONS MANAGER** 01/06/2015

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

\_\_\_\_\_  
Date