513 E DAVIS TAMPA, FL				
FEI Number: 82-4582532			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
GROSSKOPF, 513 E DAVIS B TAMPA, FL 33	LVD			
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.				
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fl	orida.
	d entity submits this statement for the purpose of changing its regis E: RAYMOND A GROSSKOPF	stered office or regis	tered agent, or both, in the State of Fl	orida. 11/20/2020
		stered office or regis	tered agent, or both, in the State of Fl	
SIGNATURE	E: RAYMOND A GROSSKOPF	stered office or regis	tered agent, or both, in the State of Fl	11/20/2020
SIGNATURE	E: RAYMOND A GROSSKOPF Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Fl	11/20/2020
SIGNATURE Authorized	E: RAYMOND A GROSSKOPF Electronic Signature of Registered Agent Person(s) Detail :			11/20/2020
SIGNATURE Authorized	E: RAYMOND A GROSSKOPF Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	11/20/2020

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: MELISSA MOCEGA

MNGR

11/20/2020

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000049315

Entity Name: GROSSKOPF ENTERPRISE GROUP, LLC

## **Current Principal Place of Business:**

513 E DAVIS BLVD TAMPA, FL 33606

## **Current Mailing Address:**

FILED Nov 20, 2020 Secretary of State 7946679078CR

Electronic Signature of Signing Authorized Person(s) Detail