

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000022642

1. Entity Name
JESSGROVE LLC



Principal Place of Business
**4983 BROOK ROAD
KISSIMMEE, FL 34758**

Mailing Address
**4983 BROOK ROAD
KISSIMMEE, FL 34758**

DO NOT WRITE IN THIS SPACE



01232008 No Chg-LLC

CRZE083 (11/05)

4. FEI Number
59-3761102

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

**HAWKSWORTH, ALAN
4983 BROOK ROAD
KISSIMMEE, FL 34758**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/31/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GRAVEZ, RONALD
STREET ADDRESS	4983 BROOK ROAD
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	V
NAME	HAWKSWORTH, ALAN
STREET ADDRESS	4983 BROOK RD
CITY-ST-ZIP	KISSIMMEE, FL 34758
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000417895
02/13/06-80074-019 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

01/31/06

407 208 9296