

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90380 044 ***150.00

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**

60049433



05032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3761102

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. 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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CRAVEZ, RONALD
4983 BROOK ROAD
KISSIMMEE, FL 34758**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HAWKSWORTH, ALAN
4983 BROOK RD
KISSIMMEE, FL 34758**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

05/03/07

Date

Daytime Phone # _____

Divisions of Corporations
P.O. Box 8800
Tallahassee, FL 32314

ATTACHMENT

60049453

#L01000022642

To Whom It May Concern:

I am writing to inform you that we tried for two days to pay of fee for the Annual Report. We are sorry we did not send payment to you on time. We had difficulty with the online system; I guess it was an overload of Corporations trying to do everything at the last minute. I am inserting the messages we received from the online system.

CGI Timeout

The specified CGI application exceeded the allowed time for processing. The server has deleted the process.

We're sorry but the Public Access System is unable to process your request at this time.
Press your browsers' BACK arrow to retry your request, or return to the Division of
Corporations' Public Access System main page.

I would like to thank the technician which helped me (Rob). He stated we could print off the form to mail in the payment as long as we attached a letter.

Sincerely,



Kay Bond
Administrative Assistant
Jessgrove LLC
407-908-4213 (Cell)
407-933-5242 (Phone / Fax)