

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90024 011 ***138.75

DOCUMENT # L03000039585

1. Entity Name
SEBRING GROVE, LLC



Principal Place of Business
**149 EAST CENTER STREET
SEBRING, FL 33870**

Mailing Address
**3490 PIEDMONT ROAD NE
SUITE 325
ATLANTA, GA 30305**

00050440



01022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1693141

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRUTCHFIELD, TOM
149 EAST CENTER STREET
SEBRING, FL 33870**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KAGEY, JAMES M
4850 FOX GLEN
MARIETTA, GA 30068**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KAGEY, WILLIAM J
4932 BALSAM DRIVE, SW
ROANOKE, VA 24018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KAGEY, JOHN R
140 MT. VERNON ST, #9
BOSTON, MA 02108**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

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

4-15-08

Date

404-233-9415

Daytime Phone #