

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90211 030 ****55.00

DOCUMENT # L04000030457

1. Entity Name
GROAWS CONSULTING LTD., CO.



Principal Place of Business
**4821 E. 97TH AVENUE
TAMPA, FL 33617**

Mailing Address
**P.O. BOX 290590
TAMPA, FL 33687**

2000000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number
30-0246345

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, JUDITH A
4821 E. 97TH AVENUE
TAMPA, FL 33617**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BITZER, PETER B III
113 S. TRASK STREET
TAMPA, FL 33609**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR.
Peter B. Bitzer III
3480 Sweeney Hollow Road
FRANKLIN, TN 37064**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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, typed or printed name of signing managing member, manager, or authorized representative

Judith A. Williams

Date

1-4-07 813-988-3152

Daytime Phone #