

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90039 037 ***138.75

DOCUMENT # L04000039511

1. Entity Name
PRO 2 BY JEFF GRISSOM, LLC



Principal Place of Business

9005 COLBY DR APT 1920
FORT MYERS, FL 33919

Mailing Address

9005 COLBY DR APT 1920
FORT MYERS, FL 33919

*16685 LAKE CIR DR APT 1028
FT MYERS FL 33908*

*16685 LAKE CIR DR
APT 1028 FT MYERS 33908*

60039214



04062008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number

11-3687108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRISSOM, JEFFREY
9005 COLBY DR
APT 1920
FORT MYERS, FL 33919

*16685 LAKE CIR DR
APT 1028
FT MYERS 33908*

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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	MGRM
NAME	GRISSOM, JEFFREY
STREET ADDRESS	9005 COLBY DR APT 1920
CITY-ST-ZIP	FORT MYERS, FL 33919
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	

**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.