

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066775

Entity Name: KLOHN, GROVE & STOREY, LLC

FILED
May 09, 2008
Secretary of State

Current Principal Place of Business:

2180 IMMOKALEE ROAD
SUITE 309
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

2180 IMMOKALEE ROAD
SUITE 309
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 20-1790316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KLOHN, WILLIAM L
2180 IMMOKALEE RD.
SUITE 309
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KLOHN, DONALD K
Address: 283 SUNFLOWER CT
City-St-Zip: VADNAIS HEIGHTS, MN 55127 US

Title: MGRM () Delete
Name: GROVE, JAMES
Address: 4 ISLAND ROAD
City-St-Zip: NORTH OAKS, MN 55127 US

Title: MGRM () Delete
Name: STOREY, MICHAEL J
Address: 5 RIDGE ROAD
City-St-Zip: NORTH OAKS, MN 55127

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD KLOHN

MR.

05/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date