

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066775

FILED
Apr 03, 2009
Secretary of State

Entity Name: KLOHN, GROVE & STOREY, LLC

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 ()

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 K KLOHN

MGRM

04/03/2009

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