

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040261

FILED
Mar 29, 2009
Secretary of State

Entity Name: FORGET BROTHERS GROVE, LLC

Current Principal Place of Business:

3075 GORDY ROAD
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13017
FT. PIERCE, FL 34979

New Mailing Address:

FEI Number: 51-0545365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORGET, LOUIS JAMES
3075 GORDY ROAD
FORT PIERCE, FL 34945 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: P () Delete
Name: FORGET, LOUIS JAMES
Address: 3075 GORDY ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: MGRM () Delete
Name: FORGET, PHILLIP J
Address: 3125 GORDY ROAD
City-St-Zip: FT. PIERCE, FL 34945

Title: MGRM () Delete
Name: FORGET, LOUIS COURTNEY
Address: 5501 EAGLE DRIVE
City-St-Zip: FT. PIERCE, FL 34951

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: LOUIS J. FORGET

PRES

03/29/2009

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