## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000117053

INTRINSIC GROVES, LLC



Principal Place of Business

28 LAKE RUBY DRIVE DELAND, FL 32724 US Mailing Address

28 LAKE RUBY DRIVE DELAND, FL 32724 US

FILED Jan 22, 2008 08:00 A Secretary of State



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01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4159702

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STRAWN, STEVEN K 28 LAKE RUBY DRIVE DELAND, FL 32724

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	named entity submits this statement for the purpose of charlons of registered agent.	anging its registered office or registered agent, or both, in th	e State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75  MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	STRAWN, STEVEN K		
STREET ADDRESS	28 LAKE RUBY DRIVE		,
CITY-ST-ZIP	DELAND, FL 32724		

NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

U00000790810 01/23/08-80048-024 138.75

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11. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

18 January 2008

Daytime Phone #