

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90104 008 \*\*\*138.75

**DOCUMENT # L06000005826**

1. Entity Name  
**GROVENOR 2202, LLC**



Principal Place of Business  
**4535 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146**

Mailing Address  
**4535 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146**

**60012443**



2. Principal Place of Business - No P.O. Box #

**1790 Coral Way  
Suite, Apt. #, etc.  
Suite # 101**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**56-2565940**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Zip  
**33145**

Country  
**USA**

Zip

Country

6. Name and Address of Current Registered Agent

**PADRON, CARLOS E  
2 ALHAMBRA PLAZA, SUITE 860  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **HERNANDEZ, HARVEY**  
STREET ADDRESS **4535 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1790 Coral Way, Suite 101**  
CITY-ST-ZIP **Miami, FL 33145**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

Date

Daytime Phone #

**2/22/08**