

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009390

FILED
Apr 30, 2010
Secretary of State

Entity Name: GROVE & ASSOCIATES INSURANCE, LLC

Current Principal Place of Business:

2047 REYNOLDS ST
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2047 REYNOLDS ST
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 56-2556414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AVRUTIS, THOMAS L
889 N WASHINGTON BLVD
SARASOTA, FL 34236 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
Name: GROVE, KIM E
Address: 2047 REYNOLDS ST
City-St-Zip: SARASOTA, FL 34231

Title: VP
Name: GROVE, CHRISTOPHER A
Address: 5450 MALAMIN RD
City-St-Zip: NORTH PORT, FL 34287

Title: SEC
Name: GROVE, CASMERA J
Address: 5313 NAPA DR
City-St-Zip: BRADENTON, FL 34203

I hereby 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: KIM E GROVE

MGRM

04/30/2010

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