

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000082450

1. Entity Name  
G.R.G. INVESTMENT L.L.C.



**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
5474 GEMGOLD COURT  
WINDERMERE, FL 34746

Mailing Address  
5474 GEMGOLD COURT  
WINDERMERE, FL 34746



06192008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5424636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

L.L. PROFESSIONAL SERVICES, INC.  
7661 CURRENCY DRIVE  
ORLANDO, FL 32809

**DO NOT WRITE  
IN THIS SPACE**

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: Aixa Lopez  
Signature, typed or printed name of registered agent and title if applicable.

06/23/2008  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOPEZ, LINA 5474 GEMGOLD COURT WINDERMERE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESTREPO, MARIA F 11625 KENLEY CIRCLE ORLANDO, FL 32824
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U00000956943  
08/04/08-80002-022-138-75

**DO NOT WRITE  
IN THIS SPACE**

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: Maria F. Restrepo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07-28-08  
Date

Daytime Phone #