2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 05, 2008 8:00 am
Secretary of State

04-01-2008 90065 027 ***138.75

DOCUMENT # L07000124322

1. Entity Name
GROVE MINUTEMAN, LLC

Principal Place of Business
3707 MORRISON STREET, NW
WASHINGTON, DC 20015

Mailing Address
3707 MORRISON STREET, NW
WASHINGTON, DC 20015

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-2481065 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 resigning) 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		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHREIBERG, SHELDON L	NAME	
STREET ADDRESS	3707 MORRISON STREET, NW	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20015	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHREIBERG, SUSAN	NAME	
STREET ADDRESS	3707 MORRISON STREET, NW	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20015	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHREIBERG, SETH	NAME	
STREET ADDRESS	3707 MORRISON STREET, NW	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20015	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: MGRM 4/28/08 202 220 1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #