

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074035

Entity Name: SANDY GROVES LLC

FILED  
Feb 16, 2009  
Secretary of State

## Current Principal Place of Business:

722 E FLETCHER AVE  
TAMPA, FL 33647 US

## New Principal Place of Business:

722 E FLETCHER AVE  
TAMPA, FL 33612 US

## Current Mailing Address:

722 EAST FLETCHER AVE  
TAMPA, FL 33647 US

## New Mailing Address:

722 E FLETCHER AVE  
TAMPA, FL 33612 US

FEI Number: 26-3146548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIBBS, ANDER P  
722 EAST FLETCHER AVE  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

GIBBS, ANDER P  
722 EAST FLETCHER AVE  
TAMPA, FL 33612 US

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:

02/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GIBBS, ANDER P  
Address: 722 EAST FLETCHER AVE  
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM ( ) Delete  
Name: GIBBS, SANDRA G  
Address: 722 EAST FLETCHER AVE  
City-St-Zip: TAMPA, FL 33647 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: GIBBS, SANDRA G  
Address: 722 EAST FLETCHER AVE  
City-St-Zip: TAMPA, FL 33612 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANDER P. GIBBS

MGRM

02/16/2009

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