

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000104057

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** GROW FINANCIAL SERVICES, L.L.C.

**Current Principal Place of Business:**

9927 DELANEY LAKE DRIVE  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 89909  
TAMPA, FL 336890415

**New Mailing Address:**

9927 DELANEY LAKE DRIVE  
TAMPA, FL 33619

**FEI Number:** 27-0594264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRUBAKER, KIMBERLE C  
9927 DELANEY LAKE DRIVE  
TAMPA, FL 33619 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: MGR  
Name: FISHER, ROBERT L  
Address: 9927 DELANEY LAKE DRIVE  
City-St-Zip: TAMPA, FL 33619

Title: MGR  
Name: SEARS, BRAD  
Address: 9927 DELANEY LAKE DRIVE  
City-St-Zip: TAMPA, FL 33619

Title: MGR  
Name: WEAN, GAIL  
Address: 9927 DELANEY LAKE DRIVE  
City-St-Zip: TAMPA, FL 33619

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: GAIL WEAN

MGR

01/07/2011

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