

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000003356

1. Entity Name
JONES, MADDEN & GROSSO, PLC



Principal Place of Business
789 SOUTH FEDERAL HIGHWAY, SUITE 310
STUART, FL 34994

Mailing Address
789 SOUTH FEDERAL HIGHWAY, SUITE 310
STUART, FL 34994

FILED
Apr 28, 2004 08:00 AM
Secretary of State



04092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0929591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROSSO, JOSEPH D JR.
789 S. FEDERAL HWY
STE 310
STUART, FL 34994

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

U00000134976
04/28/04-80040-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOHN W. MADDEN, P.A.
789 S. FEDERAL HWY., STE. 310
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOSEPH D. GROSSO, JR., P.A.
789 S. FEDERAL HWY, STE. 310
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

425-04 72-280 3496