

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90135 026 ****50.00

DOCUMENT # L99000003562

1. Entity Name

GROSS INVESTMENTS, LLC



Principal Place of Business

25 E. 17TH STREET
ST CLOUD FL 34769

Mailing Address

25 E. 17TH STREET
ST CLOUD FL 34769

2. Principal Place of Business

1136 New York Ave

3. Mailing Address

1136 New York Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. Cloud, FL

City & State

ST. Cloud, FL

Zip

34769

Country

Zip

34769

Country

4. FEI Number

59-3581963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROSS, C.N. JR
25 E. 17TH ST
SAINT CLOUD FL 34769

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GROSS, C.N. JR
STREET ADDRESS 25 E. 17TH STREET
CITY-ST-ZIP ST CLOUD FL 34769

TITLE MGR ☐ Delete
NAME GROSS, C.N. III
STREET ADDRESS 25 E. 17TH STREET
CITY-ST-ZIP ST CLOUD FL 34769

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

MANAGING MEMBER

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

Date

Daytime Phone #

2-2-06 407-957-4444