

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M07000005147**

1. Entity Name  
**THE GINRE GROUP, LLC**



Principal Place of Business  
**6860 GULFPORT BLVD SOUTH, SUITE 151  
SOUTH PASADENA, FL 33707**

Mailing Address  
**6860 GULFPORT BLVD SOUTH, SUITE 151  
SOUTH PASADENA, FL 33707**



03302008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1820938**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COLLINS, GINA M  
6860 GULFPORT BLVD SOUTH, SUITE 151  
SOUTH PASADENA, FL 33707**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

1100000881504  
04/16/08-80003-014 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS, GINA M 6860 GULFPORT BLVD SOUTH, SUITE 151 SOUTH PASADENA, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEYES, GINA M 6860 GULFPORT BLVD SOUTH, SUITE 151 SOUTH PASADENA, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** MCollins

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

3/30/2008 727-470-1278  
Date Daytime Phone #