

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085743

**Entity Name:** 2 GRIMES, LLC

**Current Principal Place of Business:**

3054 N US HIGHWAY 1  
FORT PIERCE, FL 34946

**Current Mailing Address:**

3054 N US HIGHWAY 1  
FORT PIERCE, FL 34946

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GRIMES, TIMOTHY K  
2529 N INDIAN RIVER DRIVE  
FORT PIERCE, FL 34946 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GRIMES, TIMOTHY K  
Address 2529 N INDIAN RIVER DRIVE  
City-State-Zip: FORT PIERCE FL 34946

Title MGMR  
Name GRIMES, JAMES FJR  
Address 5504 SW BELLFLOWER COURT  
City-State-Zip: PALMCITY FL 34990

Title SECRETARY  
Name GRIMES, JENNIFER L  
Address 3054 N US HIGHWAY 1  
City-State-Zip: FORT PIERCE FL 34946

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY K GRIMES

MGR

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date