

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094280

Entity Name: BEER FAMILY GROVES, LLC

FILED  
Feb 09, 2009  
Secretary of State

**Current Principal Place of Business:**

823 FORT THOMPSON AVE.  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 118  
LABELLE, FL 33975

**New Mailing Address:**

FEI Number: 59-2191964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEER, BRUCE  
283 S BRIDGE ST  
P O BOX 118  
LABELLE, FL 33975 US

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

BEER, BRUCE  
283 S BRIDGE ST  
LABELLE, FL 33975 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:

02/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BEER, BRUCE  
Address: 823 FORT THOMPSON AVE.  
City-St-Zip: LABELLE, FL 33935

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: BEER, VICTOR  
Address: 823 FORT THOMPSON AVE  
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: VICTOR BEER

MGMR

02/09/2009

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