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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUE MCCONNELL

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N46606

Entity Name: VILLAGE OF CENTER GROVE, INC.

#### **Current Principal Place of Business:**

3090 VIRGINIA ST. COCONUT GROVE, FL 33133

### **Current Mailing Address:**

3090 VIRGINIA ST. COCONUT GROVE, FL 33133 US

### FEI Number: 65-0313353

# Name and Address of Current Registered Agent:

MCCONNELL, SUE 3090 VIRGINIA ST. COCONUT GROVE, FL 33133 US Certificate of Status Desired: No

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

## Officer/Director Detail :

Title	Ρ	Title	S
Name	MCCONNELL, SUE	Name	DELBORELLO, LOUIS
Address	3090 VIRGINIA ST.	Address	2902 W. TRADE AVE.
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133
Title	т	Titlo	VP
Title	т	Title	VP
Title Name	T MCCONNELL, SUE	Title Name	VP KURLAND, NATHAN
	T MCCONNELL, SUE 3090 VIRGINIA STREET		

PRESIDENT

04/20/2021

Date

Date