

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067941

**Entity Name:** MGB GROVES, LLC

**Current Principal Place of Business:**

6053 STRAFFORD OAKS DRIVE  
SEBRING, FL 33875

**Current Mailing Address:**

P. O. BOX 8980  
SEBRING, FL 33872 US

**FEI Number:** 45-2505918

**Certificate of Status Desired:** No

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

BROOKER, LELAND EIII  
6053 STRAFFORD OAKS DRIVE  
SEBRING, FL 33875 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 MGRM  
Name BROOKER, LELAND EIII  
Address 6053 STRAFFORD OAKS DRIVE  
City-State-Zip: SEBRING FL 33875

Title MGRM  
Name BROOKER, LACI B  
Address 6053 STRAFFORD OAKS DRIVE  
City-State-Zip: SEBRING FL 33875

*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:** LELAND E. BROOKER III

MGMR

02/10/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date