

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000115079

**Entity Name:** ISLAND GROVE HOUSE, LLC

**Current Principal Place of Business:**

4734 SE 32ND ST  
OCALA, FL 34480

**Current Mailing Address:**

4734 SE 32ND ST  
OCALA, FL 34480 US

**FEI Number:** 47-1449408

**Certificate of Status Desired:** No

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

ASCHLIMAN, SARAH  
21848 SOUTH COUNTY ROAD 325  
HAWTHORNE, FL 32640 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 ASCHLIMAN, CHRISTOPHER  
Address 4734 SE 32ND ST  
City-State-Zip: OCALA FL 34480

*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:** CHRISTOPHER ASCHLIMAN

**MANAGER**

**01/11/2023**

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

\_\_\_\_\_  
Date