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. 04/20/2020

SIGNATURE: LEEANNE SACHS

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: GROVELAND DEALER, LLC **Current Principal Place of Business:**

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

6400 TELEGRAPH RD STE 2000 BLOOMFIELD TOWNSHIP, MI 48301

DOCUMENT# L17000225682

Current Mailing Address:

6400 TELEGRAPH RD STE 2000 BLOOMFIELD TOWNSHIP. MI 48301 US

FEI Number: 20-0449398

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

VCORP SERVICES, LLC 5011 SOUTH STATE RD 7 STE 106 DAVIE, FL 33314 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:

Authorized Person(s) Detail :			
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	BELLINSON, JAMES MEMBER	Name	SACHS, LEEANNE
Address	6400 TELEGRAPH RD STE 2000	Address	6400 TELEGRAPH RD STE 2000

City-State-Zip: BLOOMFIELD TOWNSHIP MI 48301 City-State-Zip: BLOOMFIELD TOWNSHIP MI 48301

FILED Apr 20, 2020 Secretary of State 2952079873CC

Certificate of Status Desired: No

Date

AUTHORIZED MEMBER

Date