

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000040955

**Entity Name:** GROVE THREE, LLC

**Current Principal Place of Business:**

465 BRICKELL AVE  
3005  
MIAMI, FL 33131

**Current Mailing Address:**

465 BRICKELL AVE  
3005  
MIAMI, FL 33131

**FEI Number:** 84-4693275

**Certificate of Status Desired:** No

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

SUAREZ, MAURICIO C  
465 BRICKELL AVE  
3005  
MIAMI, FL 33131 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	SUAREZ, MAURICIO C
Address	465 BRICKELL AVE #3005
City-State-Zip:	MIAMI FL 33131
Title	AUTHORIZED REPRESENTATIVE
Name	SUAREZ, DANIEL MAURICIO
Address	465 BRICKELL AVE 3005
City-State-Zip:	MIAMI FL 33131

Title	AUTHORIZED REPRESENTATIVE
Name	SUAREZ, ANDRES MAURICIO
Address	465 BRICKELL AVE 3005
City-State-Zip:	MIAMI FL 33131
Title	AUTHORIZED REPRESENTATIVE
Name	SUAREZ, MAURICIO ADRIAN
Address	465 BRICKELL AVE 3005
City-State-Zip:	MIAMI FL 33131

*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:** MAURICIO C. SUAREZ

**MANAGER**

**02/03/2021**

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

\_\_\_\_\_  
Date