

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000131435

**Entity Name:** 1559 GROVE RESORT LLC

**Current Principal Place of Business:**

1559 GROVE CT  
TAVARES FL 32778

**Current Mailing Address:**

9183 CHANDLER DR  
CLERMONT, FL 34736 US

**FEI Number:** 86-2990016

**Certificate of Status Desired:** No

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

WEISSMAN, LYNNEA A MANAGER  
9183 CHANDLER DR  
GROVELAND, FL 34736 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           MANAGER  
Name           STRICKLER, LYNNEA ANN  
Address        16238 EGRET HILL STREET  
City-State-Zip: CLERMONT FL 34714

*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:** LYNNEA ANN STRICKLER

MANAGER

02/25/2024

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

\_\_\_\_\_  
Date