

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000396877

Entity Name: HARKER GROVES LLC**Current Principal Place of Business:**5310 STATE ROAD 29 S
IMMOKALEE, FL 34142**Current Mailing Address:**PO BOX 1997
LABELLE, FL 33975 US**FEI Number:** 87-2508611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPLING JR., ROBERT WAYNE
891 W COWBOY WAY
LABELLE, FL 33935 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:** ROBERT WAYNE CAPLING JR.

01/17/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR
Name CAPLING JR. , ROBERT WAYNE
Address 891 W COWBOY WAY
City-State-Zip: LABELLE FL 33935

Title MBR
Name EMMERT, JAMES
Address 1881 140TH AVENUE
City-State-Zip: BALDWIN WI 54002

Title MBR
Name EMMERT, JERRY
Address 1881 140TH AVENUE
City-State-Zip: BALDWIN WI 54002

Title AR
Name BARNES, BRITTANY
Address 891 W COWBOY WAY
City-State-Zip: LABELLE FL 33935

Title AR
Name SWENSON, SARA
Address 1881 140TH AVE
City-State-Zip: BALDWIN WI 54002

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: ROBERT WAYNE CAPLING JR.

MBR

01/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date