

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90145 048 ***138.75

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1. Entity Name
TRI-GROVES, L.L.C.



Principal Place of Business
290 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

Mailing Address
290 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

60013000



01302008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6233822

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOLEN, J.M.
290 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LEIS, GEORGE W
STREET ADDRESS 290 CYPRESS GARDENS BLVD.
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE MGR
NAME SECKEL, WARREN M
STREET ADDRESS 290 CYPRESS GARDENS BLVD.
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE MGR
NAME NOLEN, J.M.
STREET ADDRESS 290 CYPRESS GARDENS BLVD.
CITY-ST-ZIP WINTER HAVEN, FL 33880

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: George W. Leis (GEORGE W. LEIS) MGR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/3/08
Date

863-294-7541
Daytime Phone #