

FILED
May 01, 2002 8:00 am
Secretary of State

03-26-2002 90098 022 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002144

1. Entity Name

SYLVAN GROVE, LLC

Principal Place of Business

~~2894 66 TERRACE G.~~
~~ST. PETERSBURG FL 33712-5510~~

Mailing Address

 P.O. BOX 3107
 ST. PETERSBURG FL 33731-3107

2. Principal Place of Business

 2490 BROAD ST
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BROOKSVILLE

City & State

4. FEI Number

39-3711028

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

34604

Country

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

6. Name and Address of Current Registered Agent

 SMITH, PAT
 2894 66 TERRACE SOUTH
 ST. PETERSBURG FL 33712-5510

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

 Pat Smith (PAT SMITH) as Director of SYLVAN GROVE, LLC
 (NOTE: Registered Agent Signature required when resigning)

DATE

4/10/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
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 CITY-ST-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Director & PRESIDENT
 Pat Smith
 2490 Broad St
 Brooksville, FL 34604

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Tray Smith, VICE-PRESIDENT
 2490 Broad St.
 Brooksville, FL 34604

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Pat Smith (PAT SMITH)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/5/02 352-799-5379

CR2E083 (9/01)