

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L02000012428

1. Entity Name

TREASURE COAST GROVES, LLC



Principal Place of Business

2000 KINGS HWY.
FORT PIERCE, FL 34951

Mailing Address

P.O. BOX 670
FORT PIERCE, FL 34954



01222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1924648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINTON, MICHAEL D
1903 SOUTH 25TH ST., STE. 200
FORT PIERCE, FL 34947

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000910581
05/07/08-80006-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TRIPLE M. GROVES, INC.
STREET ADDRESS 2000 N. KINGS HIGHWAY
CITY- ST- ZIP FORT PIERCE, FL 34951

TITLE
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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:

B. T. Minton, President

Triple M Groves, Inc., Mgr. 4/17/08 772-464-3502

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

Date

Daytime Phone #