

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000022395

1. Entity Name
THREE L GROVES, L.L.C.



Principal Place of Business

2250 SE HANSEL AVE.
ARCADIA, FL 34266

Mailing Address

P.O. BOX 909
ARCADIA, FL 34265



01132005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3441720

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E JR.
124 NORTH BREVARD AVE.
ARCADIA, FL 34266

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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

Filing Fee is \$50.00
Due by May 1, 2005

U00000186057

01/21/05-00042-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LAWRENCE, VAN STEPHEN
P.O. BOX 909
ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WN
LAWRENCE, CASSANDRA S
PO BOX 909
ARCADIA, FL 34265

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

**DO NOT WRITE
IN THIS SPACE**

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:

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

1/17/05

(863) 993-9111

Date

Daytime Phone #