

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000000244**

1. Entity Name  
**JEM GROVES, LLC**



Principal Place of Business  
**2000 N. KINGS HIGHWAY  
FT. PIERCE, FL 34951**

Mailing Address  
**P.O. BOX 670  
FT. PIERCE, FL 34954**

**DO NOT WRITE IN THIS SPACE**



02202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-0165323**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DEAN MEAD SERVICES, LLC  
800 N. MAGNOLIA AVE.  
SUITE 1500  
ORLANDO, FL 32803**

**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 \_\_\_\_\_

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**

000000910585  
05/07/08-80006-009 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
J & E GROVES LLC  
2000 N. KING HWY  
FORT PIERCE, FL 34951**

TITLE  
NAME  
STREET ADDRESS  
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:** \_\_\_\_\_

**John L. Minton, Mgr**

**J & E Groves LLC, MGRM**

**04/17/08 772-464-3502**

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

Date

Daytime Phone #