

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90128 022 ***138.75

DOCUMENT # L04000032066

1. Entity Name
CFT GROVES, LLC



Principal Place of Business
3180 NORTH KINGS HIGHWAY
FORT PIERCE, FL 34951

Mailing Address
P.O. BOX 613
FORT PIERCE, FL 34954

60021279



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
55-0867069

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVEN, CASSENS D
3180 NORTH KINGS HIGHWAY
FORT PIERCE, FL 34951

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. 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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STEVEN, CASSENS D
P.O. BOX 613
FORT PIERCE, FL 34954 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOUIS, FORGET C
~~2075 GORDY ROAD~~
FORT PIERCE, FL ~~34945~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
5501 Eagle Dr
34951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROBERT, THOMPSON A
7301 PACIFIC AVENUE
FORT PIERCE, FL 34951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

S.D. CASSENS

3-31-08

772-461-4615