

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032066

FILED
Apr 09, 2009
Secretary of State

Entity Name: CFT GROVES, LLC

Current Principal Place of Business:

3180 NORTH KINGS HIGHWAY
FORT PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 613
FORT PIERCE, FL 34954

New Mailing Address:

FEI Number: 55-0867069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEVEN, CASSENS D
Address: P.O. BOX 613
City-St-Zip: FORT PIERCE, FL 34954

Title: MGRM () Delete
Name: LOUIS, FORGET C
Address: 5501 EAGLE DR
City-St-Zip: FORT PIERCE, FL 34951

Title: MGRM () Delete
Name: ROBERT, THOMPSON A
Address: 7301 PACIFIC AVENUE
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN D CASSENS

MM

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date