

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90439 010 ****55.00

DOCUMENT # L04000044826

1. Entity Name
GROVE GROUP, LLC



Principal Place of Business
**P.O. BOX 145388
CORAL GABLES, FL 33114**

Mailing Address
**P.O. BOX 145388
CORAL GABLES, FL 33114**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1596023

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARRIOLA VELEZ, MARIA-C
35-ALMERIA AVE.
CORAL GABLES, FL**

7. Name and Address of New Registered Agent

Name **ALBERTO VALLE**

Street Address (P.O. Box Number is Not Acceptable)

150 SE 2 AVENUE, #900

City **MIAMI**

FL

Zip Code **33131**

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]*

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **CASTRO, HUGO A**
STREET ADDRESS **2770 SW 27 AVE.**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **MGRM** ☐ Delete
NAME **FAMADAS, NELSON**
STREET ADDRESS **4722 SW 74 AVE.**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **MGRM** ☐ Delete
NAME **GOLDEN, MICHAEL E**
STREET ADDRESS **3475 SHERIDAN STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **MGRM** ☐ Delete
NAME **MARINELLO, LEONARD F**
STREET ADDRESS **5000 E 10 COURT**
CITY-ST-ZIP **HIALEAH, FL 33013**

TITLE **MGRM** ☐ Delete
NAME **PARTRIDGE, JAMES F**
STREET ADDRESS **1000 BRICKELL AVE. #920**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **MGRM** ☐ Delete
NAME **VALLE, ALBERTO**
STREET ADDRESS **P.O. BOX 145388**
CITY-ST-ZIP **CORAL GABLES, FL 33114**

10. ADDITIONS/CHANGES

TITLE **CASTRO, HUGO A.** ☒ Change ☐ Addition
NAME **7411 SW 66 STREET**
STREET ADDRESS **MIAMI, FL 331**
CITY-ST-ZIP **MGRM**

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

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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]*

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

3/29/07

Date

305-377-0089

Daytime Phone #