

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000075289

**FILED  
Apr 01, 2010  
Secretary of State**

**Entity Name:** S.L. GROVES, LLC

**Current Principal Place of Business:**

235 ALCAZAR AVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

235 ALCAZAR AVE  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-2955349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CEASE, BRUCE M  
235 ALCAZAR AVE  
CORAL GABLES, FL 33134 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: MGR  
Name: CEASE, MICHAEL S  
Address: 235 ALCAZAR AVE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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: MICHAEL S CEASE

MGR

04/01/2010

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