## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L05000075439

1. Entity Name IMMOKOLEE GROVE WEST, LLC



## FILED Apr 19, 2006 8:00 am Secretary of State

04-19-2006 90018 040 \*\*\*\*50.00

Principal Place of Business		Mailing Address			7 20032411					
3433 Gordy Road Fort Pierce, FL 34945		3433 Gordy Road Fort Pierce, FL 34945								
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State		4. FEI Numb	48199		_ <del>                                    </del>	oplied For ot Applicab		
Zlp	Country	Zp	Countr	у		e of Status Desired		\$5.00 Add		
	6. Name and Address of Current F	Registered Agent			7. Name an	d Address of New F	Registered /	gent		
VADAL OLI	744115 0		Name							
VARN, SU 3433 GOR FORT PIE			Street Address (			(P.O. Box Number is Not Acceptable)				
,										
8.			City			FL	Zip Cod	9		
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 # applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee is \$50.00						e check p				
יט	ue by May 1, 2006			Florida Department of State						
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGR	☐ Delete	TITLE					Change	Addition Addition	
NAME STREET ADDRESS	VARN, SUZANNE B 3433 GORDY ROAD		NAME	T ADDRESS						
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CITY-ST-ZIP			CITY-	ST-ZIP						
11 I hereby	certify that the information supplied with	this filling does not qualify for	the ever	entione containe	d in Chanter 110	Florida Statutos I 1	urther certify	that the info	rmation	

I hereby certify that the information supplied with this filling 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.