

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000030994

Entity Name: LMC GROVES, LLC

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9563 E PELICAN COVE CT  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

9563 E PELICAN COVE CT  
INVERNESS, FL 34450

**New Mailing Address:**

P.O. BOX 530909  
DEBARY, FL 32753

FEI Number: 76-0823767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PINCKNEY, CHRISTOPHER V  
9563 E PELICAN COVE CT  
INVERNESS, FL 34450 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: PINCKNEY, CHRISTOPHER V  
Address: 9563 E PELICAN COVE CT  
City-St-Zip: INVERNESS, FL 34450

Title: MGRM  
Name: BARRY, LINDA  
Address: 231 SPRING LAKE HIGHWAY  
City-St-Zip: BROOKSVILLE, FL 34602

Title: MGRM  
Name: PINCKNEY, MIKE  
Address: 3331 SUMMIT BLVD. APT 27  
City-St-Zip: PENSACOLA, FL 32503

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: CHRISTOPHER PINCKNEY

MGR

02/24/2010

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