

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 OCT 21 PM 12:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000012879

1. Entity Name
GROVE PARTNERS OF MIAMI, LLC



Principal Place of Business
5201 BLUE LAGOON DRIVE, 9TH FLOOR
MIAMI, FL 33126

Mailing Address
P.O. BOX 159325
NASHVILLE, TN 37215

2. Principal Place of Business - No P.O. Box #
2750 N. 29th Ave.
Suite, Apt. #, etc.
Suite 109
City & State
Hollywood, FL
Zip
33020
Country
U.S.

3. Mailing Address
P.O. Box 159325
Suite, Apt. #, etc.
City & State
Nashville, TN
Zip
37215
Country
U.S.



07082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
01-1520501

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

6. Name and Address of Current Registered Agent
KINCADE, CHARLES M
5201 BLUE LAGOON DRIVE, 9TH FLOOR
MIAMI, FL 33126
mored

7. Name and Address of New Registered Agent
Name
Kincade, Charles M.
Street Address (P.O. Box Number is Not Acceptable)
2750 N. 29th Ave
Suite 109
City
Hollywood FL Zip Code
33020

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KINACADE GROUP, LLC 801 DIVISION STREET NASHVILLE, TN 37203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kincade Group, LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition original misspelled
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500137093115 10/20/08--01070--012 ***138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Chark M. AL 10/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #