

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000031466

Entity Name: C & N GROVES, LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4644 SE BROWN ROAD  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

4644 SE BROWN ROAD  
ARCADIA, FL 34266

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WALDRON, EUGENE E JR  
124 NORTH BREVARD AVENUE  
ARCADIA, FL 34266 US

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

MERCER, CARY  
4644 SE BROWN RD  
ARCADIA, FL 34266 US

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: CARY MERCER

03/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: MERCER, CARY M  
Address: 4644 SE BROWN RD  
City-St-Zip: ARCADIA, FL 34266

Title: V.P.  
Name: MERCER, NICOLE  
Address: 4644 SE BROWN RD  
City-St-Zip: ARCADIA, FL 34266

Title: SEC  
Name: MERCER, CARY M  
Address: 4644 SE BROWN RD  
City-St-Zip: ARCADIA, FL 34266

Title: TRES  
Name: MERCER, CARY M  
Address: 4644 SE BROWN RD  
City-St-Zip: ARCADIA, FL 34266

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: CARY M MERCER

P

03/15/2011

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