

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063947

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: SOLES GROVES, LLC

**Current Principal Place of Business:**

3075 EAST BAKER DAIRY ROAD  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

3075 EAST BAKER DAIRY ROAD  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 26-4633787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TURNER, MARK G  
255 MAGNOLIA AVENUE, SOUTHWEST  
WINTER HAVEN, FL 33880 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: MGRM ( ) Delete  
Name: SOLES, JOHN H  
Address: 3075 EAST BAKER DAIRY ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM ( ) Delete  
Name: SOLES, JAMES H JR.  
Address: PO BOX 851  
City-St-Zip: HAINES CITY, FL 33845

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN H. SOLES

PRES

04/14/2009

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