

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000113728

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** ENCHANTED GROVE MOBILE HOME PARK, LLC.

**Current Principal Place of Business:**

5137 N. SCENIC HWY  
LAKE WALES, FL 33898

**New Principal Place of Business:**

**Current Mailing Address:**

5137 N. SCENIC HWY  
LAKE WALES, FL 33898

**New Mailing Address:**

263 N.E. 8 ST.  
HOMESTAD, FL 33030

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CARR, BRIAN C  
5137 N. SCENIC HWY  
LAKE WALES, FL 33898 US

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

DEL VECCHIO, PATRICK  
263 N.E. 8 ST.  
HOMESTEAD, FL 33030 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: PATRICK DEL VECCHIO

04/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DEL VECCHIO, PATRICK  
Address: 263 N.E. 8 ST.  
City-St-Zip: HOMESTEAD, FL 33030

Title: MGRM  
Name: ARENA, PHILLIP  
Address: 5137 N. SCENIC HWY  
City-St-Zip: LAKE WALES, FL 33898

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: PATRICK DEL VECCHIO

MGRM

04/16/2012

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