

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101225

**FILED**  
**Feb 18, 2012**  
**Secretary of State**

**Entity Name:** GLADE & GROVE SUPPLY OF IMMOKALEE, LLC

**Current Principal Place of Business:**

981 NEW HARVEST ROAD  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

981 NEW HARVEST ROAD  
IMMOKALEE, FL 34142

**New Mailing Address:**

P.O. BOX 760  
BELLE GLADE, FL 33430

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRECHBILL, MARK  
215 SW FEDERAL HWY  
SUITE 100  
STUART, FL 34994 US

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

BRECHBILL, MARK CPA  
215 SW FEDERAL HWY  
SUITE 100  
STUART, FL 34994 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: MARK BRECHBILL, CPA

02/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GLADE & GROVE SUPPLY CO. LLC  
Address: P.O. BOX 760  
City-St-Zip: BELLE GLADE, FL 33430

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: MARK BRECHBILL, CPA

AR

02/18/2012

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