# L22000269945

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
file 1st					
J. DENNIS 12.26.24					



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Office Use Only

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## **COVER LETTER**

TO:	Registration S Division of C							
SUBJ	JECT: 52 GROV	ES QOZB, L.L.C						
Name of Florida Limited Liability Company								
Limit			ee(s) are submitted to c r Business Entity" in a					
Please	e return all corre	espondence concernin	g this matter to:					
Christ	opher W. Brewer							
		Contact Person						
Gardn	er Brewer Hudson	PA						
Firm/Company								
400 N	orth Ashley Drive,	Suite 1100						
		Address						
Tampa	a, FL 33602							
	С	ity, State and Zip Code						
cbrew	er@gardnerbrewer	.com						
		be used for future annual r	eport notification)					
For fu	irther information	on concerning this ma	tter. please call:					
Christopher W. Brewer			at (813) 221-	9600				
·	Name of Contact Pe	erson		time Telephone Number				
Enclosed is a check for the following amount:								
□ \$25	5.00 Filing Fee	\$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	■ \$60.00 Filing Fee, Certified Copy, and Certificate of Status				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

CR2E106 (05/17)

# **Articles of Conversion**

For

#### Florida Limited Liability Company Into

## "Converted or Other Business Entity"



The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:				
52 GROVES QOZB, L.L.C				
Enter Name of Florida Limited Liability Company				
2. The name of the "Converted or Other Business Entity" is:				
52 GROVES QOZB, L.L.C, a Delaware limited liability company				
Enter Name of "Converted or Other Business Entity"				
3. The "Converted or Other Business Entity" is a  (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)  organized, formed or incorporated under the laws of   (Enter state, or if a non-U.S. entity, the name of the country)				
<ul><li>The formation document is attached (if applicable).</li><li>4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.</li></ul>				
5. This conversion shall be effective in Florida on:  [The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State: AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")				
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date				

will not be listed as the document's effective date on the Department of State's records.

6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

A commen

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:	400 North Ashley Drive, Suite 1100						
	Tampa, FL 33602						
Mailing Address:	400 North Ashley Drive, Suite 1100						
	Tampa, FL 33602						
7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.							
Signed this	day of	er	20				
Signature:	W. Burs Must be signed by a N	elember or Authorized Representative					
Printed Name: Christo	pher W. Brewer	Title: Authorized Representative					
Fees: Filing Fee: Certified Copy Certificate of S		(Optional) Optional)					

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