| DOCU | MENT # L97000 | | | | • | | | |
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| 1. Entity Nan | ON GROVES, L.C. | | | F | TILED | | | |
| Bringing! Disc | no of Business | NA-Way Addays | | O1 SE | P 12 PN 12: 1 | 7 | | |
| | ce of Business | Mailing Address 1459 USA DR. | | | | • | | |
| 1459 LISA DR. WAUCHULA FL 33873 | | WAUCHULA FL 33873 | | | TARY OF STATE Assee, Florida | 1 | | |
| . Principal F | Place of Business | 3. Mailing Address | | | | | | |
| 33" Suite, Apt. | · 10~. 112 11 -101 | P.O. Box Suite, Apt. #, etc. | 70 | | DO NOT V | /RITE IN THIS SPA | 13 1 1 CE | 11011 DIOI 1601 |
| City & Stat | te Saning & Fl | City & State | 1. F | 4. FEI | Number 65-078 | 9560 | \rightarrow | plied For |
| 3389 | Country | 33813 | Country | 5. Cer | tificate of Status Desire | | .00 Add | |
| | 6. Name and Address of Current | | | | ne and Address of Ne | | | |
| M | OYE, RONALD F | | Name | Moure | Ronal | dF. | | |
| | 59 LISA DR. | | Street A | Address (P.Cl. Box | Number is Not Accepta | able R | | |
| W | AUCHULA FL 33873 | | | | | | | |
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| . The above | named entity submits this statement for | or the purpose of changing its | registered office of | or registered agent | or both, in the State of | | | |
| | named entity submits this statement for | or the purpose of changing its | registered office of | or registered agent | | | <u></u> | |
| The above | named entity submits this statement for | | | or registered agent | , or both, in the State of | | | |
| | | and title if applicable. (NOTE | Registered Agent signa | sture required when reinsta | , or both, in the State of | Florida. | | |
| | | and title if applicable. (NOTE FILE NO Make Check Pa | Registered Agent signa | sture required when reinsta \$50.00 tment of State | , or both, in the State of | Florida. | | |
| | | and title if applicable. (NOTE FILE NO Make Check Pa Due By | Registered Agent signa | sture required when reinsta \$50.00 tment of State | , or both, in the State of | Fiorida. | | |
| GIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE FILE NO Make Check Pa Due By | : Registered Agent signa DW!!! FEE IS s yable to Depart September 26, | \$50.00 tment of State, 2001 | or both, in the state of | Florida. DATE SIS/CHANGES | Change | ☐ Addition |
| IGNATURE | Signature, typed or printed name of registered agent MANAGING MEMBE MGRM MOYE, RONALD F | and talle if applicable. (NOTE FILE NO Make Check Pa Due By ERS/MANAGERS | DW!!! FEE IS Syable to Depart September 26, 10. TITLE NAME | sture required when reinstances \$50.00 Imment of State , 2001 | ADDITION | Florida. DATE SIS/CHANGES | | Addition |
| IGNATURE TLE AME TREET ADDRESS | Signature, typed or printed name of registered agent MANAGING MEMBE MGRM MOYE, RONALD F 1459 LISA DR. | and talle if applicable. (NOTE FILE NO Make Check Pa Due By ERS/MANAGERS | DW!!! FEE IS Syable to Depart September 26, | sture required when reinstances \$50.00 tment of State , 2001 MG R M MOYE 3379 | ADDITION | DATE DATE S/CHANGES | Change | Addition |
| TLE AME TREET ADDRESS ITY-ST-ZIP | Signature, typed or printed name of registered agent MANAGING MEMBE MGRM MOYE, RONALD F | and talle if applicable. (NOTE FILE NO Make Check Pa Due By ERS/MANAGERS | DW!!! FEE IS Syable to Depart September 26, 10. TITLE NAME STREET ADDRESS | man R M Moye 3379 | ADDITION | DATE DATE DIS/CHANGES F (3389 | Change | ☐ Addition |
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