


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000005868	
1. Entity Name PVC GROVES, L.L.C.	

Principal Place of Business 3500 SHINN ROAD FORT PIERCE, FL 34945	Mailing Address P.O. BOX 14049 FORT PIERCE, FL 34979
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DO NOT WRITE IN THIS SPACE



03292008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0976716	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PANTUSO, GEORGE T 3415 S. INDIAN RIVER DR. FORT PIERCE, FL 34982

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANTUSO, GEORGE T 3415 S. INDIAN RIVER DR. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM VARN, MYRON M JR 3433 GORDY RD. FT. PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CASSENS, STEVEN D 1898 SHINN RD. FT. PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000978312
04/14/08-80050-010 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **3-31-08** **772 451 8868**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #