

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005868

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: PVC GROVES, L.L.C.

**Current Principal Place of Business:**

3500 SHINN ROAD  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14049  
FORT PIERCE, FL 34979

**New Mailing Address:**

FEI Number: 65-0976716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PANTUSO, GEORGE T  
3415 S. INDIAN RIVER DR.  
FORT PIERCE, FL 34982 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PANTUSO, GEORGE T  
Address: 3415 S. INDIAN RIVER DR.  
City-St-Zip: FORT PIERCE, FL 34982

Title: MEM (X) Delete  
Name: VARN, MYRON M JR  
Address: 3433 GORDY RD.  
City-St-Zip: FT. PIERCE, FL 34945

Title: MEM (X) Delete  
Name: CASSENS, STEVEN D  
Address: 1898 SHINN RD.  
City-St-Zip: FT. PIERCE, FL 34945

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GEORGE PANTUSO

MGRM

04/09/2009

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