2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008071



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90255 047 ****50.00

MINTON (GROVES, LLC				
Principal Place of Business 2000 NORTH KINGS HIGHWAY FT. PIERCE FL		Mailing Address PO BOX 670 FT. PIERCE FL 34954			
2. Principal Place of Business		3. Mailing Address		F JOSTINALI BIY YANID ISTIK BANKI SOKIN BATIK BANGI SAKIN BITIK PANGI SAKIN BITIK HABAK HABI K	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-6228538 Applied 6 Not Appli	
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
MINTON, MICHAEL D			Name		-
1903 S. 25TH ST., SUITE 200 FT. PIERCE FL 34947			Street Addres	s (P.O. Box Number is Not Acceptable)	
FI.	rienue fl 34947	•	-		
			City	FL Zip Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and ac	cept
DICHATUDE	Signature, typed or printed name of registered agent	MOTE.	Day in the second of the secon	ired when reinstating) DATE	_ {
	Signature, typed or printed harne or registered agent	1	Registered Agent signature requi		{
		Make Check Payable	W!!! FEE IS \$50.00		
		-	By May 1, 2003	lent of State	{
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE		ddition
NAME	TRIPLE M INVESTMENT COMPA	NY	NAME		{
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

URE FIGHNIMENTON, PRESIDENT SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

772-464-3502

Daytime Phone #