

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010232

Entity Name: TRI-GROVES, L.L.C.

Current Principal Place of Business:

1904 CROSSROADS BLVD
WINTER HAVEN, FL 33881

Current Mailing Address:

1904 CROSSROADS BLVD
WINTER HAVEN, FL 33881 US

FEI Number: 59-6233822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOLEN, STEVEN B.
1904 CROSSROADS BLVD
WINTER HAVEN, FL 33881 US

FILED
Feb 27, 2024
Secretary of State
9480259614CC

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: STEVEN B. NOLEN

02/27/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name NOLEN , J.M. JR
Address 290 CYPRESS GARDENS BLVD
City-State-Zip: WINTER HAVEN FL 33880

Title AUTHORIZED MEMBER
Name BLAKE, FAYE I
Address 700 MIRROR TERR NW #503
City-State-Zip: WINTER HAVEN FL 33881

Title AUTHORIZED MEMBER, SECRETARY
Name SABISTON, KAYE I
Address 700 MIRROR TERR NW # 208
City-State-Zip: WINTER HAVEN FL 33881

Title AUTHORIZED MEMBER
Name LEIS, GARY W
Address 6921 HALABRIN RD
City-State-Zip: HAINES CITY FL 33844

Title AUTHORIZED MEMBER
Name SECKEL, LARRY
Address P. O. BOX 1687
City-State-Zip: SPARTA NC 28675

Title AUTHORIZED MEMBER, PRESIDENT
Name SABISTON, ROBERT J.
Address 700 MIRROR TERR, NW, ATP 208
City-State-Zip: WINTER HAVEN FL 33881

Title AUTHORIZED MEMBER, TREASURER
Name NOLEN, STEVEN B.
Address 1904 CROSSROADS BLVD
City-State-Zip: WINTER HAVEN FL 33881

Title AUTHORIZED MEMBER
Name TISON, MICHELE N.
Address 1996 CROSSROADS BLVD
City-State-Zip: WINTER HAVEN FL 33881

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN B. NOLEN

TREASURER

02/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date