

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010232

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

**Current Principal Place of Business:**

700 MIRROR TERRACE NW APT #503  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

700 MIRROR TERRACE NW APT #503  
WINTER HAVEN, FL 33881 US

**FEI Number:** 59-6233822

**Certificate of Status Desired:** No

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

BLAKE, FAYE I  
700 MIRROR TERR NW #503  
WINTER HAVEN, FL 33881 US

*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:** FAYE I BLAKE

03/01/2022

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

Title AUTHORIZED MEMBER  
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

*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:** FAYE I BLAKE

MANAGER

03/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date