

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000034051

**Entity Name:** SOUTH HILLS GROVE, LLC**Current Principal Place of Business:**10318 ORANGE GROVE DR.  
TAMPA, FL 33618**Current Mailing Address:**10318 ORANGE GROVE DR.  
TAMPA, FL 33618**FEI Number:** 20-0285943**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAFII, ANDREW ESQ.  
10318 ORANGE GROVE DR.  
TAMPA, FL 33618 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:** ANDREW SHAFII

01/25/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SHAFII, ESFANDIAR  
Address 10318 ORANGE GROVE DRIVE  
City-State-Zip: TAMPA FL 33618-4021

Title MGRM  
Name SHAFII, MARIAN  
Address 10318 ORANGE GROVE DRIVE  
City-State-Zip: TAMPA FL 33618-4021

Title MANAGER  
Name SHAFII, ANDREW  
Address 10318 ORANGE GROVE DR.  
City-State-Zip: TAMPA FL 33618

Title MANAGER  
Name SHAFII, SUSAN DR.  
Address 10318 ORANGE GROVE DR.  
City-State-Zip: TAMPA FL 33618

Title MANAGER  
Name SHAFII, ALEXIS EDWARD DR.  
Address 10318 ORANGE GROVE DR.  
City-State-Zip: TAMPA FL 33618

*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:** MARIAN SHAFII

MANAGER

01/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date