2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000130765

Entity Name: F & R GUDE GROVES, LLC

Current Principal Place of Business:

31724 GUDE ROAD DADE CITY, FL 33525

Current Mailing Address:

31724 GUDE ROAD DADE CITY. FL 33525

FEI Number: 27-4355798 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEWLON, JONATHAN W 12731 TIMBER RUN DADE CITY, FL 33525 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:

Electronic Signature of Registered Agent

Date

FILED Feb 23, 2022

Secretary of State

7855614871CC

Authorized Person(s) Detail:

Title **PARTNER** Title **MGRM**

GUDE, THEODORE GUDE, BRUCE Name Name 14323 SCHARBER ROAD 31724 GUDE ROAD Address Address

City-State-Zip: DADE CITY FL 33525 City-State-Zip: DADE CITY FL 33525

PARTNER Title Title **PARTNER**

Name GUDE, GREGORY A Name GUDE, JOSEPH

Address 16830 SPRING VALLEY ROAD Address 10925 FORT KING ROAD

DADE CITY FL 33523 City-State-Zip: DADE CITY FL 33525 City-State-Zip:

Title **PARTNER** Title **PARTNER**

Name GUDE, ROBERT P GUDE, STEPHEN J Name Address 31830 GUDE ROAD 7571 SOUTHAMPTON WAY

City-State-Zip: DADE CITY FL 33525 City-State-Zip: NEW KENT VA 23124

Title **PARTNER**

Address

GUDE, LEONARD E Name

2426 BLIND POND AVE Address City-State-Zip: LUTZ FL 33549

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.

02/23/2022 SIGNATURE: BRUCE A GUDE TREASURER/PARTNER

Electronic Signature of Signing Authorized Person(s) Detail

Date