

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119231

**Entity Name:** GROVE BLUFF, LLC

**Current Principal Place of Business:**

900 SW 80 CT  
MIAMI, FL 33144-4230

**Current Mailing Address:**

P.O. BOX 440427  
MIAMI, FL 33144-0427 US

**FEI Number: 45-4722807**

**Certificate of Status Desired: No**

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

PASCUAL, ADALBERTO M  
900 SW 80 CT  
MIAMI, FL 33144-4230 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

**Authorized Person(s) Detail :**

Title MGRM  
Name PASCUAL, ADALBERTO M  
Address P.O. BOX 440427  
City-State-Zip: MIAMI FL 33144-0427

*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: ADALBERTO M PASCUAL**

**MGR**

**01/29/2017**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date