LABELLE, FL 33935 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:	LORRAINE HENTHORNE			01/30/2025
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title A	AMBR	Title	AMBR	
Name H	HENTHORNE, DAN R	Name	HENTHORNE, LORRAINE	

Address City-State-Zip:

500 SOUTH MAIN STREET LABELLE. FL 33935

DOCUMENT# L16000104118

Entity Name: OAK GROVE RESORT, LLC

Current Principal Place of Business:

Current Mailing Address:

500 SOUTH MAIN STREET LABELLE. FL 33935 US

Name and Address of Current Registered Agent:

500 SOUTH MAIN STREET

OAK GROVE RESORT LLC 500 S MAIN ST LABELL

City-State-Zip: LABELLE FL 33935

Title Name Address

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: LORRAINE HENTHORNE

AMBR

01/30/2025

Certificate of Status Desired: Yes

500 SOUTH MAIN STREET

LABELLE FL 33935

Jan 30, 2025 Secretary of State 3668836837CC

FILED

Electronic Signature of Signing Authorized Person(s) Detail

Date

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FEI Number: 81-2811368