

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000104118

**Entity Name:** OAK GROVE RESORT, LLC

**Current Principal Place of Business:**

500 SOUTH MAIN STREET  
LABELLE, FL 33935

**Current Mailing Address:**

500 SOUTH MAIN STREET  
LABELLE, FL 33935 US

**FEI Number:** 81-2811368

**Certificate of Status Desired:** Yes

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

POTTER, PATRICIA J ESQ.  
3435 TENTH STREET NORTH  
SUITE 303  
NAPLES, FL 34103 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	AMBR	Title	AMBR
Name	HENTHORNE, DAN R	Name	HENTHORNE, LORRAINE
Address	500 SOUTH MAIN STREET	Address	500 SOUTH MAIN STREET
City-State-Zip:	LABELLE FL 33935	City-State-Zip:	LABELLE FL 33935

*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

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date