

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000224238

**Entity Name:** 110 GROVE GENPAR, LLC

**Current Principal Place of Business:**

2 S. UNIVERSITY DR.  
325  
FORT LAUDERDALE, FL 33324

**Current Mailing Address:**

2 S. UNIVERSITY DR.  
325  
FORT LAUDERDALE, FL 33324 US

**FEI Number:** 37-1851472

**Certificate of Status Desired:** No

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

POLLER, NEALE J  
2 S. UNIVERSITY DR.  
325  
FORT LAUDERDALE, FL 33324 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 MGR  
Name DOAN, STEVEN  
Address 2 S. UNIVERSITY DR. SUITE 325  
City-State-Zip: FORT LAUDERDALE FL 33324

Title MGR  
Name HEDGES, SHIRLEY  
Address 2 S. UNIVERSITY DR. SUITE 325  
City-State-Zip: FORT LAUDERDALE, FL 33324

Title MGR  
Name WEISS, BRADLEY S  
Address 2 S. UNIVERSITY DR. SUITE 325  
City-State-Zip: FORT LAUDERDALE FL 33324

Title MGR  
Name WILDE, ARTHUR III  
Address 2 S. UNIVERSITY DR., SUITE 325  
City-State-Zip: FORT LAUDERDALE FL 33324

*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:** BRADLEY WEISS

**MANAGER**

**04/30/2019**

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

\_\_\_\_\_  
Date