

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000168143

**Entity Name:** THE XII TRIBES OF GRAND-RAC LLC

**Current Principal Place of Business:**

1691 FORUM PL  
STE B #2003  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1691 FORUM PL  
STE B #2003  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 86-3182076

**Certificate of Status Desired:** Yes

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

PETIT FRERE, CLAUDINE  
3121 VILLAGE BLVD  
WEST PALM BEACH, FL 33409 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           | VP                       |
| Name            | MEILE, LINA A            |
| Address         | 3049 MARTIN AVE          |
| City-State-Zip: | GREENACRES FL 33463      |
| Title           | PRESIDENT, MANAGER       |
| Name            | PETIT FRERE, CLAUDINE    |
| Address         | 3121 VILLAGE BLVD        |
| City-State-Zip: | WEST PALM BEACH FL 33409 |

|                 |                               |
|-----------------|-------------------------------|
| Title           | MGR                           |
| Name            | PETIT FRERE, MARIE J          |
| Address         | 6195 ARCADE COURT             |
| City-State-Zip: | LAKE WORTH FL 33463           |
| Title           | MANAGER                       |
| Name            | PETIT FRERE, ROSELA STEPHANIE |
| Address         | 6195 ARCADE COURT             |
| City-State-Zip: | LAKE WORTH FL 33463           |

*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:** CLAUDINE PETIT FRERE

**PRESIDENT**

**04/14/2025**

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

\_\_\_\_\_  
Date