2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2024
Secretary of State
2962574590CC

DOCUMENT# L22000044051

Entity Name: FLORIDA GROVES, LLC

Current Principal Place of Business:

17523 BUCKINGHAM GARDEN DRIVE
LITHIA, FL 33547

Current Mailing Address:

17523 BUCKINGHAM GARDEN DRIVE
LITHIA, FL 33547 US

FEI Number: 88-0599449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAI FARMS & HAPPY HOMES LLC
17523 BUCKINGHAM GARDEN DR
LITHIA, FL 33547 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: ADITYA KULKARNI 02/08/2024

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	FLORIDA ORCHARD GROVES LLC
Address	10437 MEADOW SPRING DR
City-State-Zip:	TAMPA FL 33647

Title	AUTHORIZED MEMBER
Name	SHIV109, LLC
Address	2218 BRANCH HILL STREET
City-State-Zip:	TAMPA FL 33612

Title	AUTHORIZED MEMBER
Name	INDUS TROPICAL FARMS LLC
Address	17523 BUCKINGHAM GARDEN DRIVE
City-State-Zip:	LITHIA FL 33547

Title	AUTHORIZED MEMBER
Name	GARDEN 2 GROW LLC
Address	13809 LAKE FISHHAWK DRIVE
City-State-Zip:	LITHIA FL 33547

Title	AUTHORIZED MEMBER
Name	SUNSTATE ACRES LLC
Address	17523 BUCKINGHAM GARDEN DRIVE
City-State-Zip:	LITHIA FL 33547

Title	AUTHORIZED MEMBER
Name	VARAD, LLC
Address	30 N GOULD ST SUITE R
City-State-Zip:	SHERIDAN WY 82801

Title	AUTHORIZED MEMBER
Name	SUNSTATE ACRES LLC
Address	17523 BUCKINGHAM GARDEN DRIVE
City-State-Zip:	LITHIA FL 33547

Title	AUTHORIZED MEMBER
Name	PATEL, BHARAT
Address	2221 VALTERRA VISTA WAY
City-State-Zip:	VALRICO FL 33594

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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: ADITYA KULKARNI MGR 02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	AUTHORIZED MEMBER
Name	PATEL, LALITKUMAR
Address	610 CITRUS WOOD LANE
City-State-Zip:	VALRICO FL 33594