

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000004966

**Entity Name:** GROVE RESORT AND SPA MANAGER, LLC

**Current Principal Place of Business:**

C/O WESTPORT CAPITAL PARTNERS  
300 ATLANTIC STREET , SUITE 1110  
STAMFORD, CT 06901

**Current Mailing Address:**

C/O WESTPORT CAPITAL PARTNERS  
300 ATLANTIC STREET , SUITE 1110  
STAMFORD, CT 06901 US

**FEI Number:** 81-2950530

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET  
STE 4  
TALLAHASSEE, FL 32301 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            SOLE MEMBER  
Name            THE GROVE RESORT AND SPA, LLC  
Address        300 ATLANTIC STREET SUITE 1110  
City-State-Zip: STAMFORD CT 06901

Title            AUTHORIZED SIGNER  
Name            POROSOFF, MARC  
Address        C/O WESTPORT CAPITAL PARTNERS  
                    300 ATLANTIC STREET , SUITE 1110  
City-State-Zip: STAMFORD CT 06901

*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:** MARC POROSOFF

**AUTHORIZED SIGNER**

**04/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date