

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021210

FILED
Apr 07, 2009
Secretary of State

Entity Name: ATLANTIC COAST NURSERIES, L.L.C.

Current Principal Place of Business:

1920 HALLANDALE BEACH BLVD
SUITE 602
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 661169
MIAMI, FL 33266

New Mailing Address:

FEI Number: 20-1088123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALWEISS, IRA
1920 HALLANDALE BCH. BLVD.
#602
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALWEISS, IRA
Address: 1920 HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM () Delete
Name: ALWEISS, ALAN
Address: 1920 HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: IRA ALWEISS

MGRM

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date