

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088017

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** CAMILLA THE LITTLE FLOWER NURSERY, LLC

**Current Principal Place of Business:**

169 EAST FLAGLER STREET, STE 800  
MIAMI, FL 33131

**New Principal Place of Business:**

16750 SW 264 ST  
HOMESTEAD, FL 33031

**Current Mailing Address:**

16750 S.W. 264 ST  
HOMESTEAD, FL 33032

**New Mailing Address:**

16750 S.W. 264 ST  
HOMESTEAD, FL 33031

FEI Number: 20-5504305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SERGIO, PORRAS  
169 EAST FLAGLER STREET, STE 800  
MIAMI, FL 33131 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: RUIZ, JESUS E  
Address: 19124 N GARDENIA AVENUE  
City-St-Zip: WESTON, FL 33332

Title: MGRM ( ) Delete  
Name: SUAREZ, MARIA F  
Address: 19124 N GARDENIA AVENUE  
City-St-Zip: WESTON, FL 33332

**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: JESUS RUIZ

MEM

03/19/2009

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