

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055367

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: PLANTS 2 GO, LLC

**Current Principal Place of Business:**

38600 BERMONT ROAD  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

38600 BERMONT ROAD  
PUNTA GORDA, FL 33982 US

**Current Mailing Address:**

PO BOX 511417  
PUNTA GORDA, FL 33951

**New Mailing Address:**

PO BOX 511417  
PUNTA GORDA, FL 33951 US

FEI Number: 26-0819071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUTZKE, SHARON  
38600 BERMONT ROAD  
PUNTA GORDA, FL 33982 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: RUTZKE, SHARON  
Address: 38600 BERMONT ROAD  
City-St-Zip: PUNTA GORDA, FL 33982

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MADSEN, PETER K  
Address: 38600 BERMONT ROAD  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: MGRM ( ) Change (X) Addition  
Name: SHARON RUTZKE, TRUST, EE  
Address: 38600 BERMONT ROAD  
City-St-Zip: PUNTA GORDA, FL 33982 US

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: SHARON RUTZKE, TRUSTEE

MGRM

03/04/2009

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