

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035454

Entity Name: MITCH LOVES PLANTS, LLC

FILED  
Feb 15, 2009  
Secretary of State

## Current Principal Place of Business:

3900 NE 18TH AVENUE  
APT. 23  
OAKLAND PARK, FL 33334 US

## Current Mailing Address:

3900 NE 18TH AVENUE  
UNIT #23  
OAKLAND PARK, FL 33334 US

## New Principal Place of Business:

3900 NE 18TH AVENUE  
UNIT 23  
OAKLAND PARK, FL 33334 US

## New Mailing Address:

3900 NE 18TH AVENUE  
UNIT 23  
OAKLAND PARK, FL 33334 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MITCHELL, BRYAN D  
3900 NE 18TH AVENUE  
UNIT #23  
OAKLAND PARK, FL 33334 US

## Name and Address of New Registered Agent:

MITCHELL, BRYAN D  
3900 NE 18TH AVENUE  
UNIT 23  
OAKLAND PARK, FL 33334 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: BRYAN D. MITCHELL

02/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MITCHELL, BRYAN D  
Address: 3900 NE 18TH AVE., UNIT #23  
City-St-Zip: OAKLAND PARK, FL 33334 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MITCHELL, BRYAN D  
Address: 3900 NE 18TH AVENUE, UNIT 23  
City-St-Zip: OAKLAND PARK, FL 33334 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: BRYAN D. MITCHELL

MGR

02/15/2009

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