

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074877

Entity Name: SIMPSON NURSERIES, L.A.A.

Current Principal Place of Business:

52 NACOOSA RD
MONTICELLO, FL 32344

Current Mailing Address:

P O BOX 160
MONTICELLO, FL 32345

FEI Number: 59-3724737

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BIRD, T BUCKINGHAM
165 E DOGWOOD ST
MONTICELLO, FL 32344 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

Officer/Director Detail :

Title MGRM
Name SOUTHERN BREEZE GROWTH CORPORATION
Address P O BOX 160
City-State-Zip: MONTICELLO FL 32345

Title M
Name SOUTHERN BREEZE MANAGEMENT SERCVES CO LLC
Address P O BOX 160
City-State-Zip: MONTICELLO FL 32345

Title M
Name SOUTHERN BREEZE LEASING COMPANY, LLC
Address PO BOX 160
City-State-Zip: MONTICELLO FL 32345

Title MGRM
Name BESHEARS, FRED
Address PO BOX 160
City-State-Zip: MONTICELLO FL 32345

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRED BESHEARS

MANAGER

02/04/2019

Electronic Signature of Signing Officer/Director Detail

Date