

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000065065

**Entity Name:** B.G. KATZ NURSERIES, LLC

**Current Principal Place of Business:**

15800 LOXAHATCHEE RD  
PARKLAND, FL 33076

**Current Mailing Address:**

15800 LOXAHATCHEE RD  
PARKLAND, FL 33076

**FEI Number:** 20-1607555

**Certificate of Status Desired:** No

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

KATZ, ELLA  
15800 LOXAHATCHEE RD.  
PARKLAND, FL 33076 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:** ELLA KATZ

01/17/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KATZ, BORIS  
Address 6021 OLD COURT RD #1107  
City-State-Zip: BOCA RATON FL 33433

Title MGRM  
Name AFTON, ROBERT  
Address 15800 LOXAHATCHEE RD  
City-State-Zip: PARKLAND FL 33076

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BORIS KATZ

**PRESIDENT**

01/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date