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	: ROBERT AFTON			01/23/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	KATZ, BORIS	Name	AFTON, ROBERT	
Address	15800 LOXAHATCHEE RD	Address	15800 LOXAHATCHEE RD	
City-State-Zip:	PARKLAND FL 33076	City-State-Zip:	PARKLAND FL 33076	
Title	MGRM			
Name	FOURSA, VLADIMIR			
Address	15800 LOXAHATCHEE RD			

Current Mailing Address: 15800 LOXAHATCHEE RD

PARKLAND, FL 33076

FEI Number: 20-1607555

Name and Address of Current Registered Agent:

AFTON, ROBERT JOHN JR. 1433 SE BREWSTER PL STUART, FL 34997 US

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: ROBERT AFTON

City-State-Zip: PARKLAND FL 33076

MGRM

01/23/2024 Date

Electronic Signature of Signing Authorized Person(s) Detail

2024 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

Jan 23, 2024 Secretary of State 5896620211CC

FILED

Certificate of Status Desired: No