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	OFFICE MANAGER	10/16/2016		

Electronic Signature of Signing Authorized Person(s) Detail

15800 LOXAHATCHEE RD

City-State-Zip: PARKLAND FL 33076

Certificate of Status Desired: No

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.						
SIGNATUR	E: ELLA KATZ			10/16/2016		
	Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :						
Title	MGRM	Title	MGRM			
Name	KATZ, BORIS	Name	AFTON, ROBERT			

Address

City-State-Zip: BOCA RATON FL 33433

Current Principal Place of Business: 15800 LOXAHATCHEE RD PARKLAND, FL 33076

Current Mailing Address:

15800 LOXAHATCHEE RD PARKLAND, FL 33076

FEI Number: 20-1607555

Name and Address of Current Registered Agent:

6021 OLD COURT RD #1107

Address

DOCUMENT# L04000065065

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Entity Name: B.G. KATZ NURSERIES, LLC

Oct 16, 2016 Secretary of State CR5386542122

FILED

Date