

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000026157

**Entity Name:** AMICI NURSERY, LLC

**Current Principal Place of Business:**

23600 SW 167 AVE  
HOMESTEAD, 33031

**FILED**  
**Mar 02, 2018**  
**Secretary of State**  
**CC5226023077**

**Current Mailing Address:**

3200 COLLINS AVE  
APT. 10-5  
MIAMI BEACH, FL 33140 US

**FEI Number: 20-2520946**

**Certificate of Status Desired: No**

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

CHIN, DENNIS J  
13501 SW 128 STREET  
108  
MIAMI, FL 33186 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

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	AMICH, SIMON E	Name	ALVARADO-AMICH, AFRA LETICIA
Address	3200 COLLINS AVE 10-5	Address	3200 COLLINS AVE APT. 10-5
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

*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: SIMON E. AMICH**

**MANAGER**

**03/02/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date