

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000045115

**Entity Name:** A & H NURSERY, LLC.

**Current Principal Place of Business:**

5340 NW 10 TERRACE  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

5340 NW 10 TERRACE  
FT. LAUDERDALE, FL 33309

**FEI Number:** 74-3204655

**Certificate of Status Desired:** No

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

HOSSEINI, HAMID  
6851 MAXWELL DRIVE  
BOCA RATON, FL 33496 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 MGRM  
Name HOSSEINI, HAMID  
Address 6851 MAXWELL DRIVE  
City-State-Zip: BOCA RATON FL 33496

Title MGRM  
Name DILMAGHANI, ASLAN  
Address 12737 NW 18 PLACE  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** HAMID HOSSEINI

**MANAGING MEMBER**

**01/17/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date