| FEI Number: 20-5504305   |  |         | Certificate of Status Desired: No |  |  |  |
|--|--|---------|-----------------------------------|--|--|--|
| Name and Address of Current Registered Agent:  |  |         |                                   |  |  |  |
| SERGIO, PORRAS<br>169 EAST FLAGLER STREET, STE 800<br>MIAMI, FL 33131 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                                     | Title   | MGRM                              |  |  |  |
| Name   | RUIZ, JESUS E                            | Name    | SUAREZ, MARIA F                   |  |  |  |
| Address  | 169 EAST FLAGLER STREET. STE 800         | Address | 169 EAST FLAGLER STREET. STE 800  |  |  |  |
|  |  |         |                                   |  |  |  |

## DOCUMENT# L06000088017

### Entity Name: CAMILLA THE LITTLE FLOWER NURSERY, LLC

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### **Current Principal Place of Business:**

16750 SW 264 ST HOMESTEAD, FL 33031

### **Current Mailing Address:**

16750 SW 264 ST HOMESTEAD, FL 33031

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JESUS RUIZ

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER

# 02/08/2013

Date

FILED Feb 08, 2013 **Secretary of State** CC2808148253

| Title           | MGRM                             | Title           | MGRM                             |  |  |
|-----------------|----------------------------------|-----------------|----------------------------------|--|--|
| Name            | RUIZ, JESUS E                    | Name            | SUAREZ, MARIA F                  |  |  |
| Address         | 169 EAST FLAGLER STREET. STE 800 | Address         | 169 EAST FLAGLER STREET. STE 800 |  |  |
| City-State-Zip: | MIAMI FL 33131                   | City-State-Zip: | MIAMI FL 33131                   |  |  |