## **2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088096

Entity Name: CHESTNUT HILL NURSERY, LLC

**Current Principal Place of Business:** 

15105 NW 94TH AVENUE ALACHUA. FL 32615

**Current Mailing Address:** 

15105 NW 94TH AVENUE ALACHUA, FL 32615 US

FEI Number: 27-0964602 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLACE, IAIN 15105 NW 94TH AVENUE ALACHUA, FL 32615 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: IAIN WALLACE 04/19/2021

Electronic Signature of Registered Agent

Date

FILED Apr 19, 2021

**Secretary of State** 

7509223323CC

Authorized Person(s) Detail:

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

Name WALLACE, ROBERT II Name GAW, DEBORAH

Address 15105 NW 94TH AVENUE Address 15105 NW 94TH AVENUE

City-State-Zip: ALACHUA FL 32615 City-State-Zip: ALACHUA FL 32615

Title AUTHORIZED MEMBER

Name WALLACE, IAIN

Address 15105 NW 94TH AVENUE City-State-Zip: ALACHUA FL 32615

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: IAIN WALLACE

Electronic Signature of Signing Authorized Person(s) Detail

**AUTHORIZED MEMBER** 

04/19/2021

Date