

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000160979

**Entity Name:** BLACK OLIVE EAST NURSERY & LANDSCAPE, LLC

**Current Principal Place of Business:**

3539 GRIFFIN ROAD  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

3691 GRIFFIN ROAD  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 65-0238199

**Certificate of Status Desired:** No

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

HERNDON, STEPHEN  
4907 SOUTHWEST 51ST STREET  
FORT LAUDERDALE, FL 33314 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 MGR, P  
Name HERNDON, STEPHEN  
Address 4907 SOUTHWEST 51ST STREET  
City-State-Zip: FORT LAUDERDALE FL 33314

Title SECRETARY, TREASURER  
Name HERNDON, PHYLLIS  
Address 4903 SW 51ST STREET  
City-State-Zip: DAVIE FL 33314

Title VP  
Name HERNDON, MARIA  
Address 4907 SW 51ST STREET  
City-State-Zip: DAVIE FL 33314

Title TREASURER  
Name TELLEZ, TELMA  
Address 4905 SW 51ST STREET  
City-State-Zip: DAVIE FL 33314

*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:** MARIA HERNDON

VP

02/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date