

2015 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

VICE PRES

04/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date