

2014 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

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date