

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000127388

**Entity Name:** NEPTUNE NURSERY LLC

**Current Principal Place of Business:**

5164 SW CITRUS BLVD.  
PALM CITY, FL 34990

**Current Mailing Address:**

6526 S KANNER HWY  
SUITE 283  
STUART, FL 34997 US

**FEI Number:** 47-4646815

**Certificate of Status Desired:** No

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

DE LA ROSA, MAITE  
6526 S KANNER HWY  
SUITE 283  
STUART, FL 34997 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  
Name DE LA ROSA, MAITE  
Address 6526 S KANNER HWY  
SUITE 283  
City-State-Zip: STUART FL 34997

*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:** MAITE DE LA ROSA

MGR

03/28/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date