

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000163002

**FILED  
Jan 11, 2017  
Secretary of State  
CC6748806618**

**Entity Name:** NURSERY MANAGEMENT SOLUTIONS LLC.

**Current Principal Place of Business:**

711 5TH AVENUE SOUTH  
STE. 200  
NAPLES, FL 34102

**Current Mailing Address:**

711 5TH AVENUE SOUTH  
STE. 200  
NAPLES, FL 34102 US

**FEI Number:** 81-0973311

**Certificate of Status Desired:** No

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

HOLMES KURNIK PA  
C/O IAN T. HOLMES  
711 5TH AVENUE SOUTH STE. 200  
NAPLES, FL 34102 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:** IAN T. HOLMES

01/11/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	GOMEZ, RICARDO	Name	BUONGIORNO, RENEE
Address	321 18TH AVENUE NW	Address	2860 2ND STREET NE
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	NAPLES FL 34120
Title	AUTHORIZED REPRESENTATIVE		
Name	MOORE, MICHAEL G		
Address	711 5TH AVENUE SOUTH STE. 200		
City-State-Zip:	NAPLES FL 34102		

*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:** MICHAEL G. MOORE

**AUTHORIZED  
REPRESENTATIVE**

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date