2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000163002

Entity Name: NURSERY MANAGEMENT SOLUTIONS LLC.

Sec

Jan 11, 2017 Secretary of State CC6748806618

FILED

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

NameGOMEZ, RICARDONameBUONGIORNO, RENEEAddress321 18TH AVENUE NWAddress2860 2ND STREET NECity-State-Zip:NAPLES FL 34120City-State-Zip:NAPLES FL 34120

Title AUTHORIZED REPRESENTATIVE

Name MOORE, MICHAEL G
Address 711 5TH AVENUE SOUTH

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