

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000156945

Entity Name: SHADY ROAD NURSERY LLC

Current Principal Place of Business:

7080 SW 27TH AVENUE
OCALA, FL 34476

Current Mailing Address:

7080 SW 27TH AVENUE
OCALA, FL 34476 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RATH, TRAVIS S MR
7080 SW 27TH AVENUE
OCALA, FL 34476 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 RATH, TRAVIS S MR
Address 7080 SW 27TH AVENUE
City-State-Zip: Ocala FL 34476

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: TRAVIS RATH

MR.

01/12/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date