

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000156945

**Entity Name:** SHADY ROAD NURSERY LLC

**Current Principal Place of Business:**

7110 SW 27TH AVENUE  
OCALA, FL 34476

**Current Mailing Address:**

7110 SW 27TH AVENUE  
OCALA, FL 34476 US

**FEI Number:** 82-2230212

**Certificate of Status Desired:** No

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

RATH, TRAVIS S MR  
7110 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           | OWNER               | Title           | CO OWNER            |
| Name            | RATH, TRAVIS S MR   | Name            | STEPPEN, KATIE JEAN |
| Address         | 7110 SW 27TH AVENUE | Address         | 7110 SW 27TH AVENUE |
| City-State-Zip: | OCALA FL 34476      | 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

04/30/2024

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

\_\_\_\_\_  
Date