

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000007664

**Entity Name:** SOUTHWEST NURSERY, LLC

**Current Principal Place of Business:**

3949 EVANS AVENUE  
SUITE 403  
FORT MYERS, FL 33901

**Current Mailing Address:**

PO BOX 131  
ESTERO, FL 33928

**FEI Number:** 32-0555942

**Certificate of Status Desired:** No

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

ROBERT, WEATHERBEE JAMES PRESIDENT  
10181 SIX MILE CYPRESS PARKWAY  
SUITE C  
FORT MYERS, FL 33966 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:** ROBERT WEATHERBEE

01/26/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	WEATHERBEE, ROBERT	Name	WEATHERBEE, CAROLYN
Address	PO BOX 131	Address	PO BOX 131
City-State-Zip:	ESTERO FL 33928	City-State-Zip:	ESTERO FL 33928

*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:** CAROLYN WEATHERBEE

MANAGER

01/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date