

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000037805

**Entity Name:** SUNCLEF NURSERY LLC

**Current Principal Place of Business:**

3601 SW 2ND ST  
DAVIE, FL 33330

**Current Mailing Address:**

3601 SW 2ND ST  
DAVIE, FL 33330 US

**FEI Number:** 82-4709498

**Certificate of Status Desired:** Yes

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

BIAGGINI, ALIDA H MISS  
290 SE 1ST AVENUE  
POMPANO BEACH, FL 33060 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 BIAGGINI, LUISA E MISS  
Address 12101 S.W 36 COURT  
City-State-Zip: DAVIE FL 33330

*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:** LUISA BIAGGINI

**OWNER**

**04/19/2021**

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

\_\_\_\_\_  
Date