

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000284335

**Entity Name:** VELIZ ORNAMENTAL NURSERY LLC

**Current Principal Place of Business:**

16401 SW 216 STREET  
MIAMI, FL 33170

**Current Mailing Address:**

16401 SW 216 STREET  
MIAMI, FL 33170 US

**FEI Number:** 83-2778682

**Certificate of Status Desired:** No

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

VELIZ, ISRAEL  
16335 SW 215 STREET  
MIAMI, FL 33187 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 VELIZ, ISRAEL  
Address 16335 SW 215 STREET  
City-State-Zip: MIAMI FL 33187

*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:** ISRAEL VELIZ

**OWNER**

**02/05/2025**

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

\_\_\_\_\_  
Date