

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000101176

**Entity Name:** NURSERY 714 LLC

**Current Principal Place of Business:**

5600 SW MARTIN HWY  
PALM CITY, FL 34990

**Current Mailing Address:**

5600 SW MARTIN HWY  
PALM CITY, FL 34990 US

**FEI Number:** 83-4491091

**Certificate of Status Desired:** No

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

ALONZO JOSE, GILBERTO  
5600 SW MARTIN HWY  
PALM CITY, FL 34990 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 ALONZO JOSE, GILBERTO  
Address 5600 SW MARTIN HWY  
City-State-Zip: PALM CITY FL 34990

*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:** GILBERTO ALONZO JOSE

MGR

05/01/2023

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

\_\_\_\_\_ Date