

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000285495

**Entity Name:** COMITANCILLO PLANT NURSERY LLC

**Current Principal Place of Business:**

19700 SW 332 STREET  
HOMESTEAD, FL 33034

**Current Mailing Address:**

34566 SW 187TH RD  
LOT 217  
HOMESTEAD, FL 33034 US

**FEI Number:** 37-1990342

**Certificate of Status Desired:** No

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

VELASQUEZ LOPEZ, MARINA E  
34566 SW 187TH RD  
LOT 217  
HOMESTEAD, FL 33034 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 LOPEZ VELASQUEZ, MARINA E  
Address 34566 SW 187TH RD  
LOT 217  
City-State-Zip: HOMESTEAD FL 33034

*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:** LOPEZ VELASQUEZ , MARINA E

**MANAGER**

**03/01/2024**

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

\_\_\_\_\_  
Date