

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000409747

**Entity Name:** P.G. NURSERY "LLC"

**Current Principal Place of Business:**

17900 SW 232 ST  
MIAMI, FL 33170

**Current Mailing Address:**

316 WEST PALM DRIVE  
APT 230  
FLORIDA CITY, FL 33034 US

**FEI Number:** 61-2007122

**Certificate of Status Desired:** No

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

SIMON SIMON DE GREGO, PAULINA  
316 WEST PALM DRIVE  
230  
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 SIMON SIMON DE GREGO, PAULINA  
Address 316 WEST PALM DR APT 230  
City-State-Zip: FLORIDA CITY 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:** PAULINA SIMON SIMON DE GREGORIO

MGR

04/19/2023

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

\_\_\_\_\_ Date