

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000026276

**Entity Name:** DIVINA PASTORA NURSERY, LLC

**Current Principal Place of Business:**

20950 SW 242ND ST  
HOMESTEAD, FL 33031

**Current Mailing Address:**

20950 SW 242ND ST  
HOMESTEAD, FL 33031 US

**FEI Number:** 87-4740561

**Certificate of Status Desired:** No

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

ROJAS, HECTOR  
20950 SW 242ND ST  
HOMESTEAD, FL 33031 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	Title	MGR
Name	ROJAS, HECTOR	Name	ROJAS, MARIA A
Address	20950 SW 242ND ST	Address	20950 SW 242ND ST
City-State-Zip:	HOMESTEAD FL 33031	City-State-Zip:	HOMESTEAD FL 33031

*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:** HECTOR ROJAS

**MGR**

**04/29/2024**

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

\_\_\_\_\_  
Date