

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000270131

Entity Name: SOLUTIONS NURSERY LLC

Current Principal Place of Business:

16275 REMBRANDT RD.
LOXAHATCHEE, FL 33470

Current Mailing Address:

P O BOX 383
LOXAHATCHEE, FL 33470 UN

FEI Number: 93-3557471

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODAS, ANGELINO SR.
16275 REMBRANDT RD.
LOXAHATCHEE, FL 33470 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 RODAS, ANGELINO
Address 16275 REMBRANDT RD.
City-State-Zip: LOXAHATCHEE FL 33470

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: ANGELINO RODAS

MGR

04/26/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date