

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000005274

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** OAK GROVE NURSERY, LLC

**Current Principal Place of Business:**

32115 ORANGE AVE.  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1136  
FT. PIERCE, FL 349541136

**New Mailing Address:**

**FEI Number:** 65-1009952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, DANIEL C III  
9406 BUNTING LANE  
FT. PIERCE, FL 34951 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SCOTT, DANIEL C III  
**Address:** 9406 BUNTING LANE  
**City-St-Zip:** FT. PIERCE, FL 34951

**Title:** MGR  
**Name:** CRAIG, DAVID M  
**Address:** 2300 GRAND OAK AVE.  
**City-St-Zip:** FT. PIERCE, FL 34981

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** DANIEL C. SCOTT III

MGR

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date