

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000091

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA ECO NURSERIES, L.L.C.

**Current Principal Place of Business:**

502 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

502 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:** 59-3712477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LARKIN, DAVID G ESQ.  
1900 S. HICKORY STREET, SUITE A  
MELBOURNE, FL 32901 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:** MGRM  
**Name:** BROUSSARD, WILLIAM J  
**Address:** 502 E NEW HAVEN AVE  
**City-St-Zip:** MELBOURNE, FL 32901

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:** WILLIAM J. BROUSSARD

MGRM

04/13/2010

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