

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021700

**Entity Name:** MONTICELLO NURSERIES, LLC

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1578 W. WASHINGTON ST.  
MONTICELLO, FL 32344 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 523  
MONTICELLO, FL 32345 US

**New Mailing Address:**

**FEI Number:** 02-0541036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRENCH, WILLIAM J  
540 EAST DOGWOOD STREET  
MONTICELLO, FL 32344 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:** FRENCH, WILLIAM J MGR  
**Address:** 540 EAST DOGWOOD STREET  
**City-St-Zip:** MONTICELLO, FL 32344 US

**Title:** MGRM  
**Name:** BRINSON, JOHN B MGR  
**Address:** 129 PLANTATION DRIVE  
**City-St-Zip:** THOMASVILLE, GA 31792 US

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. FRENCH

MGRM

03/12/2012

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