

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000010449

1. Entity Name
GREENLAND NURSERY, LLC



Principal Place of Business
**10345 OLD DADE CITY RD.
LAKELAND, FL 33810**

Mailing Address
**18455 SW 264 ST
HOMESTEAD, FL 33031**



03152006 No Chg-LLC

CR2E093 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1615216

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEMOTT, JOHN C
18455 SW 264TH ST
HOMESTEAD, FL 33031**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DEMOTT, JOHN C
STREET ADDRESS	18455 S.W. 264 ST.
CITY-STATE-ZIP	HOMESTEAD, FL 33031
TITLE	MGRM
NAME	DEMOTT, CAROLYN G
STREET ADDRESS	18455 SW 264TH ST
CITY-STATE-ZIP	HOMESTEAD, FL 33031
TITLE	MGRM
NAME	GREEN, MICHAEL
STREET ADDRESS	1629 YEONAMS PATH
CITY-STATE-ZIP	LAKELAND, FL 33809
TITLE	MGRM
NAME	DEMOTT, RAYMOND C
STREET ADDRESS	15200 SW 264TH ST
CITY-STATE-ZIP	HOMESTEAD, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000485350
04/12/06-80076-01 / 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Carolyn G. DeMott Carolyn G. DeMott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/27/06

Date

305-248-5109

Daytime Phone #