

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010449

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: GREENLAND NURSERY, LLC

**Current Principal Place of Business:**

10345 OLD DADE CITY RD.  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

18455 SW 264 ST  
HOMESTEAD, FL 33031

**New Mailing Address:**

FEI Number: 16-1615216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEMOTT, JOHN C  
18455 SW 264TH ST  
HOMESTEAD, FL 33031 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 ( ) Delete  
Name: DEMOTT, JOHN C  
Address: 18455 S.W. 264 ST.  
City-St-Zip: HOMESTEAD, FL 33031

Title: MGRM ( ) Delete  
Name: DEMOTT, CAROLYN G  
Address: 18455 SW 264TH ST  
City-St-Zip: HOMESTEAD, FL 33031

Title: MGRM ( ) Delete  
Name: BLANTON, B S  
Address: 1205 W. LAKE BUCKEYE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM ( ) Delete  
Name: DEMOTT, RAYMOND C  
Address: 15200 SW 264TH ST  
City-St-Zip: HOMESTEAD, FL 33032

Title: MGRM ( ) Delete  
Name: BLANTON, DIANY  
Address: 1205 W. LAKE BUCKEYE DRIVE  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN C DEMOTT

MGRM

04/21/2009

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