

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010449

FILED
Mar 02, 2010
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
Name: DEMOTT, JOHN C
Address: 18455 S.W. 264 ST.
City-St-Zip: HOMESTEAD, FL 33031

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

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

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

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

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: JOHN C. DEMOTT

MGR

03/02/2010

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