

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010449

FILED  
Mar 01, 2011  
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:

10345 OLD DADE CITY RD.  
LAKELAND, FL 33810 US

## Current Mailing Address:

18455 SW 264 ST  
HOMESTEAD, FL 33031

## New Mailing Address:

18455 S.W. 264TH ST.  
HOMESTEAD, FL 33031 US

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:

DEMOTT, JOHN C  
18455 S.W. 264TH ST.  
HOMESTEAD, FL 33031 US

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:

03/01/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: DEMOTT, JOHN C  
Address: 18455 S.W. 264TH ST.  
City-St-Zip: HOMESTEAD, FL 33031 US

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

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

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

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

MGRM

03/01/2011

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