

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000010449

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** GREENLAND NURSERY, LLC

**Current Principal Place of Business:**

10345 OLD DADE CITY RD.  
LAKELAND, FL 33810 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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 S.W. 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. 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, DIANY 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

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

02/09/2012

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