

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90007 007 ****50.00

DOCUMENT # L02000010449

1. Entity Name
GREENLAND NURSERY, LLC



Principal Place of Business

18455 S.W. 264 ST.
HOMESTEAD FL 33031

Mailing Address

18455 S.W. 264 ST.
HOMESTEAD FL 33031

2. Principal Place of Business

10345 Old Dade City Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

4. FEI Number

16-1615216

Applied For

Not Applicable

Zip

Country

33810

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MAAS, JOHN P ESQ.
44 N.E. 16 ST.
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

John C. DeMott

Street Address (P.O. Box Number is Not Acceptable)

18455 S.W. 264 St.

City

Homestead

FL

Zip Code

33031

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.

Manager/Member

(NOTE: Registered Agent signature required when reinstating)

04/02/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DEMOTT, JOHN C	
STREET ADDRESS	18455 S.W. 264 ST.	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carolyn G. DeMott	
STREET ADDRESS	18455 S.W. 264 St.	
CITY-ST-ZIP	Homestead, FL 33031	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Green	
STREET ADDRESS	7623 Rolling Grove Dr. West	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raymond C. DeMott	
STREET ADDRESS	15200 S.W. 264 St.	
CITY-ST-ZIP	Homestead, FL 33032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED
John C. DeMott

MGRM

04/02/03

305-248-5109

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

Date

Daytime Phone #

CR2E083 (10/02)