

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90049 038 \*\*\*\*50.00

**DOCUMENT # L02000011702**

1. Entity Name  
**PLANT THE SEED, L.C.**



Principal Place of Business  
**759 SOUTH FEDERAL HIGHWAY, SUITE 303  
STUART FL 34994**

Mailing Address  
**759 SOUTH FEDERAL HIGHWAY, SUITE 303  
STUART FL 34994**

2. Principal Place of Business  
**1375 SE St. Lucie Blvd**

3. Mailing Address  
**PO Box 104**

City & State  
**Stuart, FL**

City & State  
**Stuart, FL**

Zip  
**34996**

Country  
**USA**

Zip  
**34995**

Country  
**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**125-38-9504**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RUTLAND, LEONARD JR  
759 SOUTH FEDERAL HIGHWAY, SUITE 303  
STUART FL 34994**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>William H. Addes mgem</b>	<b>1375 SE St. Lucie Blvd</b>	<b>Stuart, FL 34996</b>		

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:** William H. Addes, mgem **2/5/03, 772-223-8087**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)