


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90181 039 ****50.00

DOCUMENT # L02000022461 1. Entity Name M & G NURSERY, L.L.C.	
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Principal Place of Business 20960 S.W. 216TH STREET MIAMI, FL 33170-1011	Mailing Address 20960 S.W. 216TH STREET MIAMI, FL 33170-1011
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DO NOT WRITE IN THIS SPACE

01212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
33-1027405

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INSUA, MANUEL
20960 S.W. 216TH STREET
MIAMI, FL 33170-1011**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INSUA, MANUEL H 20960 S.W. 216TH STREET MIAMI, FL 331701011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Manuel Insua / Owner 3/17/05 305-245-6929