

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000028840	
1. Entity Name EMPIRE HORTICULTURAL SERVICES, LLC	

Principal Place of Business 2055 WOOD ST. STE. 208 SARASOTA, FL 34237	Mailing Address 2055 WOOD ST. STE. 208 SARASOTA, FL 34237
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
47-0894311

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

MULLEN, GRANT S
2055 WOOD ST.
STE. 208
SARASOTA, FL 34237

**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 resigning)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MULLEN, GRANT 2055 WOOD ST STE 208 SARASOTA, FL 34237
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05/03/04-80178-001 50.00

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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)(b), 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

Signature Number

4/28/04 941-364-0038