

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90032 047 ****50.00

DOCUMENT # L02000032401

1. Entity Name

D & G PALM FARM, LLC



Principal Place of Business

Mailing Address

19800 SW 180 AVE. #88
MIAMI FL 33187

19800 SW 180TH AVENUE
#88
MIAMI FL 33187

2. Principal Place of Business - No P.O. Box #

22989 SW 179 PL

3. Mailing Address

22989 SW 179 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

miami FL

miami FL

City & State

City & State

33170

33170

Zip

Country

Zip

Country

4. FEI Number

13-4223989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

60000007



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, DON CPA
9500 S. DADELAND BLVD., STE. 700
MIAMI FL 33156

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME D.M. FARM & NURSERY, INC.
STREET ADDRESS 19800 SW 180 AVE. #88
CITY- ST- ZIP MIAMI FL 33187

TITLE MGRM ☒ Change ☐ Addition
NAME DM Farm and Nursery Inc.
STREET ADDRESS 22989 SW 179 PL MIAMI FL 33170
CITY- ST- ZIP

TITLE MGRM ☐ Delete
NAME ROSE OF SHARON
STREET ADDRESS 18470 SW 206 ST.
CITY- ST- ZIP MIAMI FL 33187

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/22/07 305 2464250