

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

DOCUMENT # L02000032401

1. Entity Name

D & G PALM FARM, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19800 SW 180 AVE #88

Suite, Apt. 9, etc.

3. Mailing Address

SAME

Suite, Apt. 9, etc.

City & State

miami FL

City & State

Zip

USA

Zip

Country

4. FEI Number

13-4223989

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name DON WILSON, CPA

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

9500 S. Dadeland Blvd, Suite 700

City miami

FL

Zip Code 33156

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 the filer

9. MANAGING MEMBERS / MANAGERS

NAME

D.M. Farm & Nursery, Inc.

STREET ADDRESS

19800 SW 180 ave #88

CITY-STATE-ZIP

miami FL 33187

TITLE

Owner

NAME

Sharon

STREET ADDRESS

18470 SW 206 St

CITY-STATE-ZIP

miami FL 33187

TITLE

Secretary

NAME

STREET ADDRESS

CITY-STATE-ZIP

NAME

STREET ADDRESS

CITY-STATE-ZIP

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

10. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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. 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 605, Florida Statutes.

SIGNATURE: D.M. Farm & Nursery Inc.

4/24/13

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