

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000008738

1. Entity Name

TOM'S WHOLESALE NURSERY, L.L.C.



Principal Place of Business

256 LONGWOOD HILLS ROAD
LONGWOOD FL 32750

Mailing Address

256 LONGWOOD HILLS ROAD
LONGWOOD FL 32750



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

55-0824295

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fees Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHALDJIAN, THOMAS S
256 LONGWOOD HILLS ROAD -
LONGWOOD FL 32750

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 file if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
MGR	SHALDJIAN, THOMAS A	256 LONGWOOD HILLS ROAD	LONGWOOD FL 32750	☐
				☐
				☐
				☐
				☐

10. ADDITIONS/CHANGES

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

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01/25/07-80041-001 55.00

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:

Thomas A. Shaldjian

THOMAS A. SHALDJIAN

1-19-07

(707) 830-5573

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

Date

Daytime Phone #