

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009145

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** CEDAR RIDGE LANDSCAPE NURSERY LLC

**Current Principal Place of Business:**

335 W. PALMETTO AVE.  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

335 W. PALMETTO AVE.  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 13-4252192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHANDLER, GORDON L  
36 CALDERWOOD CT  
OCOEE, FL 34761 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CHANDLER, GORDON L  
**Address:** 36 CALDERWOOD CT  
**City-St-Zip:** OCOEE, FL 34761 US

**Title:** MGRM  
**Name:** MCLAUGHLIN, MARSHALL L JR  
**Address:** 4650 N ORANGE GROVE DR  
**City-St-Zip:** DELEON SPRINGS, FL 32130 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GORDON CHANDLER

MGRM

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date