

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000009249

1. Entity Name
CITY OF PALMS NURSERY, LLC



Principal Place of Business
**14941 CENTER ST.
FT MYERS FL 33905**

Mailing Address
**14941 CENTER ST.
FT MYERS FL 33905**



2. Principal Place of Business
ABOVE

3. Mailing Address
ABOVE

Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number **26-0068152**

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**STEVEN A. RAMUNNI, P.A.
1422 HENDRY ST., STE. 302
FT MYERS FL 33901**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEAVER, MARK E PRES 14941 CENTER ST FT MYERS FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 0000001459135 03/18/06 80019-007 55.00
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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: Mark E Weaver, PRES 3/1/6 (239) 278 4448