2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/10/2004-90061-045-$55.00-$55.00

FILED
2004 OCT 15 P 2:26
SECRETARY OF STATE

MOORE CR2E083 (4/04)

DOCUMENT # L03000026980

1. Entity Name

PALMA SOLA BAY NURSERY, LLC

Principal Place of Business	Mailing Address
8802 - 9TH AVENUE N.W. BRADENTON FL 34209	8802 - 9TH AVENUE N.W. BRADENTON FL 34209

2. Principal Place of Business	3. Mailing Address
8808 9th Avenue NW	8808 9th Ave NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton Fl.	City & State: Bradenton Fl.
Zip: 34209 Country: USA	Zip: 34209 Country: USA

4. FEI Number — ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRISON, THOMAS W
1206 MANATEE AVENUE WEST
BRADENTON FL 34209

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Managing Member Allen Rosser 8808 9th Ave NW Bradenton Fl. 34209	☐ Delete	Managing Member Allen Rosser 8808 9th Ave NW Bradenton Fl. 34209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner Managing Member Kay Rosser 8808 9th Avenue NW Bradenton Fl. 34209	☐ Delete	Managing Member Kay Rosser 8808 9th Ave NW Bradenton Fl. 34209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Manager Corey Windisch 8808 9th Ave NW Bradenton Fl. 34209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 9/1/04 941-798-6956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #