

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037108

1. Entity Name

DOUG INGRAM & SON NURSERY, LLC



Principal Place of Business

**16775 SW 288TH STREET
HOMESTEAD, FL 33030 US**

Mailing Address

**16775 SW 288TH STREET
HOMESTEAD, FL 33030 US**



03162006No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0272626

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fees Required

6. Name and Address of Current Registered Agent

**INGRAM, DOUG E
16775 SW 288TH STREET
HOMESTEAD, FL 33030**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

04/08/06-80005-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	INGRAM, DOUG E
STREET ADDRESS	16775 SW 288TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	TRP
NAME	INGRAM, WILLIAM
STREET ADDRESS	16840 SW 288 ST
CITY - ST - ZIP	HOMESTEAD, FL 33030
TITLE	TRP
NAME	INGRAM, ROD
STREET ADDRESS	26611 SW 167 AVE
CITY - ST - ZIP	HOMESTEAD, FL 33031
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

Date

Daytime Phone #

3-17-06