

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
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



02152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0272626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee 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 reconstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000846641
03/18/08-80036-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
INGRAM, DOUG E
16775 SW 288TH STREET
HOMESTEAD, FL 33030

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TRP
INGRAM, WILLIAM
16840 SW 288 ST
HOMESTEAD, FL 33030

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TRP
INGRAM, ROD
26611 SW 167 AVE
HOMESTEAD, FL 33031

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Doug E. Ingram

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

Date

Daytime Phone #