

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

03-11-2005 90056 048 ****50.00

DOCUMENT # L04000009512					
1. Entity Name SANDPIPER NURSERY, LLC					
Principal Place of Business 3442 WESTFORD DRIVE APOPKA, FL 32712 US			Mailing Address 3442 WESTFORD DRIVE APOPKA, FL 32712 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0740519	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PHILIP D. LOGAS, P.A. 55 E. PINE STREET ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name DEBI GOODMAN Street Address (P.O. Box Number is Not Acceptable) 3442 WESTFORD DR City APOPKA FL Zip Code 32712		
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 <i>Debi Goodman</i> Signature, typed or printed name of registered agent and fee 4 applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 3.8.05	
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODMAN, DEBBIE E 3442 WESTFORD DRIVE APOPKA, FL 32712 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 thereof empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Debi Goodman</i> SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 3.8.05 407.884.4758 Daytime Phone #	