

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032884

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** NATURE'S DREAM NURSERY, LLC.

**Current Principal Place of Business:**

15450 SW 172 AVE  
MIAMI, FL 33187 US

**New Principal Place of Business:**

**Current Mailing Address:**

15450 SW 172 AVE  
MIAMI, FL 33187

**New Mailing Address:**

15450 SW 172 AVE  
MIAMI, FL 33187 US

**FEI Number:** 80-0106094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUEDA, RAIMUNDO  
3928 ADRA AVE  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RUEDA, RAIMUNDO  
Address: 3928 ADRA AVE  
City-St-Zip: DORAL, FL 33178

Title: MGR ( ) Delete  
Name: TRUCCO, MARIA V  
Address: 3928 ADRA AVE  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAIMUNDO RUEDA

MGR

04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date