

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000065065

Entity Name: B.G. KATZ NURSERIES, LLC

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15800 LOXAHATCHEE RD  
PARKLAND, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

15800 LOXAHATCHEE RD  
PARKLAND, FL 33076

**New Mailing Address:**

FEI Number: 20-1607555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

AFTON, ROBERT  
15800 LOXAHATCHEE RD.  
PARKLAND, FL 33076 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: MGRM  
Name: KATZ, BORIS  
Address: 6021 OLD COURT RD #1107  
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM  
Name: AFTON, ROBERT  
Address: 15800 LOXAHATCHEE RD  
City-St-Zip: PARKLAND, FL 33076

I hereby 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: BORIS KATZ

MGR

03/26/2012

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