

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90312 015 ***138.75

DOCUMENT # L04000073888

1. Entity Name
TRADER HORN NURSERY & LANDSCAPING, L.L.C.



Principal Place of Business
P.O. BOX 10152
WEST INDIANTOWN ROAD - SUITE 184
JUPITER, FL 33478

Mailing Address
10152 WEST INDIANTOWN RD
184
JUPITER, FL 33478

60025862

2. Principal Place of Business - No P.O. Box #
17035 Jupiter Farms Rd.

3. Mailing Address
10152 W. Indiantown Rd
Suite 184

City & State
Jupiter, FL

City & State
Jupiter, FL

Zip Country
33478 USA

Zip Country
33478 U.S.A.



04112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2470750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROY, WILEY E CPA
711 W. INDIANTOWN ROAD
STE A-4
JUPITER, FL 33458

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Ste A-2
City FL Zip Code

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 *Wiley E. Roy*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.16.08

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAYE, JONATHAN D 10152 WEST INDIANTOWN RD #184 JUPITER, FL 33478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jonathan D. Kaye*

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

4/15/08 (561)746-6846

Date

Daytime Phone #