

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088791

FILED
May 01, 2008
Secretary of State

Entity Name: EXCLUSIVE GARDEN CENTER, LLC

Current Principal Place of Business:

1930 W. 84TH STREET
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

1930 W. 84TH STREET
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 20-2073331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TRANSCORPORATE SERVICES INC.
269 GIRALDA AVENUE, SUITE 201
CORAL GABLES, FL 33134 US

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: MENDEZ, ARMANDO
Address: 13000 NW 42 AVE
City-St-Zip: MIAMI, FL 33054

Title: MGR () Delete
Name: GONZALEZ, ANDREW
Address: 1930 W 84 STREET
City-St-Zip: HIALEAH, FL 33014

Title: P () Delete
Name: GONZALEZ, ANDREW
Address: 1930 W 84 STREET
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES:

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

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: ANDREW GONZALEZ

P

05/01/2008

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