

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000026157

Entity Name: AMICI NURSERY, LLC

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

23500 SW 167 AVE  
HOMESTEAD, FL 33031

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 924236  
PRINCETON, FL 33092

**New Mailing Address:**

FEI Number: 20-2520946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CHIN, DENNIS J  
13501 SW 128 STREET  
108  
MIAMI, FL 33186 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: AMICH, SIMON E  
Address: 5787 N BAY ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

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: SIMON E. AMICH

MR.

03/28/2011

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