

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 07, 2008 08:00 AM
Secretary of State**

DOCUMENT # L05000046010

1. Entity Name
ALL YOU NEED NURSERY, LLC



Principal Place of Business
**22050 SW 352 STREET
HOMESTEAD, FL 33034**

Mailing Address
**PO BOX 344113
HOMESTEAD, FL 33034**



02272008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2809227

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PHAREL, JEAN P
14840 NARANJA LAKES BLVD
C3Q
MIAMI, FL 33032**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

U00000949438
06/03/08-80029-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
THEODORE-PHAREL, MARIE K
P.O. BOX 344113
HOMESTEAD, FL 33034**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

3/18/08 954-394756

Date

Daytime Phone #