

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000046780

Entity Name: YELLOWSTONE NURSERY, L.L.C.

**FILED**  
**Oct 10, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

18757 SW 69TH ST.  
SOUTHWEST RANCHES, FL 33332

**New Principal Place of Business:**

7935 SW 9TH TER  
MIAMI, FL 33144

**Current Mailing Address:**

18757 SW 69TH ST.  
SOUTHWEST RANCHES, FL 33332

**New Mailing Address:**

7935 SW 9TH TER  
MIAMI, FL 33144

FEI Number: 20-2844453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLOOMGARDEN, PAUL M  
8551 W. SUNRISE BLVD., SUITE 208  
FT. LAUDERDALE, FL 33322 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: PAUL BLOOMGARDEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZEQUEIRA, JUAN C  
Address: 18757 SW 69TH ST.  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

**ADDITIONS/CHANGES:**

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: JUAN CARLOS ZEQUEIRA

MGR

10/10/2007

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