

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan -12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000056738 1. Entity Name URRA NURSERY LLC	
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Principal Place of Business 23250 SW 212 AVENUE MIAMI, FL 33031	Mailing Address 23250 SW 212 AVENUE MIAMI, FL 33031
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01092007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1922376	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent URRA, RAUL SR. 23250 SW 212 AVENUE MIAMI, FL 33031
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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

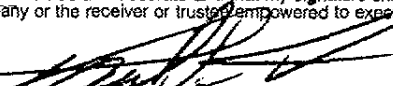
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM URRA, RAUL SR. 23250 SW 212 AVENUE MIAMI, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM URRA, MAGALYS 23250 SW 212 AVENUE MIAMI, FL 33031
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01/12/07-80054-001 50.00

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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

1/9/07

Date

(305) 246-9565

Daytime Phone #