

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075129

FILED
Jan 04, 2008
Secretary of State

Entity Name: GIRARD WHOLESALE NURSERIES, LLC

Current Principal Place of Business:

701 CODISCO WAY
SANFORD, FL 32771

New Principal Place of Business:

6850 W STATE ROAD 46
SANFORD, FL 32771 US

Current Mailing Address:

P.O. BOX 1119
SANFORD, FL 327721119

New Mailing Address:

6850 W STATE ROAD 46
SANFORD, FL 32771 US

FEI Number: 20-3255417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODGERS, RICHARD A
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

GIRARD, RICHARD A
701 CODISCO WAY
SANFORD, FL 32771 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: RICHARD A. GIRARD

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GIRARD, WILLIAM R
Address: 701 CODISCO WAY
City-St-Zip: SANFORD, FL 32771

Title: MGR () Delete
Name: GIRARD, RICHARD A
Address: 701 CODISCO WAY
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GIRARD, RICHARD A
Address: 701 CODISCO WAY
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Change () Addition
Name: GIRARD, WILLIAM R
Address: 701 CODISCO WAY
City-St-Zip: SANFORD, FL 32771

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: RICHARD A. GIRARD

MGR

01/04/2008

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