

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000107078

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA PLANT SPECIALISTS, LLC

**Current Principal Place of Business:**

874 COMMERCE BLVD.  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

874 COMMERCE BLVD.  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 20-3747109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIST, MICHAEL P  
1300 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308 US

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

BIST, MIKE  
1300 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308 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: MIKE BIST

04/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FOX, EDWARD R  
Address: 4025 COASTAL HIGHWAY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: A  
Name: LAZZARINI, JR, RICHARD F  
Address: 644 FOREST LAIR  
City-St-Zip: TALLAHASSEE, FL 32312

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: EDWARD R. FOX

P

04/23/2010

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