

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000107459

**Entity Name:** HAYDEN NURSERY, LLC

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4600 SW GROVE STREET  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

2740 SW MARTIN DOWNS BLVD.  
PALM CITY, FL 33990

**New Mailing Address:**

2740 SW MARTIN DOWNS BLVD.  
SUITE 241  
PALM CITY, FL 33990

**FEI Number:** 20-3757437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYDEN, DAVID F  
9081 SE EAGLE AVENUE  
HOBE SOUND, FL 33455 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HAYDEN, DAVID F  
Address: 9081 SE EAGLE AVENUE  
City-St-Zip: HOBE SOUND, FL 33455

Title: MGRM  
Name: HAYDEN, LEIGH S  
Address: 9081 SE EAGLE AVENUE  
City-St-Zip: HOBE SOUND, FL 33455

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: DAVID F. HAYDEN

MGRM

01/07/2011

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