

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000123017

1. Entity Name
LANCORE NURSERY LLC



Principal Place of Business
**399 WEST PALMETTO PARK ROAD
SUITE 102
BOCA RATON, FL 33432 US**

Mailing Address
**399 WEST PALMETTO PARK ROAD
SUITE 102
BOCA RATON, FL 33432 US**



01162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4000035

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOKOLOW, ELLIOT P
36 MINNETONKA ROAD
SEA RANCH LAKES, FL 33308**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000792147
01/23/08-80104-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SOKOLOW, ELLIOT P
STREET ADDRESS	36 MINNETONKA ROAD
CITY-ST-ZIP	SEA RANCH LAKES, FL 33308
TITLE	MGRM
NAME	MCDONALD, MERVYN
STREET ADDRESS	399 WEST PALMETTO PARK ROAD SUITE 102
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	GARDYN, PAUL W
STREET ADDRESS	399 WEST PALMETTO PARK ROAD SUITE 102
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	ATZMON, SID
STREET ADDRESS	399 WEST PALMETTO PARK ROAD SUITE 102
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Date

1-16-08

Daytime Phone #

(954) 598-5800