

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000351

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: GULFCOAST NURSERIES, LLC

**Current Principal Place of Business:**

5701 FT. DENAUD ROAD  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2357  
LABELLE, FL 33975

**New Mailing Address:**

FEI Number: 27-0143024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAUL, BRYAN W  
5701 FT. DENAUD ROAD  
LABELLE, FL 33935 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: P ( ) Delete  
Name: PAUL, BRYAN W  
Address: 5701 FT. DENAUD RD.  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRYAN W PAUL

P

04/14/2009

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