

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011222

FILED  
May 22, 2009  
Secretary of State

**Entity Name:** SOUTHEASTERN NURSERIES, LLC

**Current Principal Place of Business:**

106 EGG FARM RD  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3966  
LAKE WALES, FL 33859

**New Mailing Address:**

FEI Number: 20-4221588      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRT ( ) Delete  
Name: KINCAID, ROBERT W  
Address: 106 EGG FARM ROAD  
City-St-Zip: LAKE WALES, FL 33859

Title: S ( ) Delete  
Name: VAUGHAN, JAMES P  
Address: 6403 PARK LANE  
City-St-Zip: LAKE WALES, FL 33853

**ADDITIONS/CHANGES:**

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

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: ROBERT W. KINCAID

MGRT

05/22/2009

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