

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011222

**FILED**  
**Feb 18, 2011**  
**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 ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGRT  
Name: KINCAID, ROBERT W  
Address: 106 EGG FARM ROAD  
City-St-Zip: LAKE WALES, FL 33859

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

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: ROBERT KINCAID

MGRT

02/18/2011

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