

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000023032

Entity Name: GOMEZ NURSERY LLC

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

18471 SW 104 STREET  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

18471 SW 104 STREET  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 06-1774970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOMEZ, EDUARDO A  
18471 SW 104 STREET  
MIAMI, FL 33196 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: NNNNNNNNNNNNNNNN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOMEZ, EDUARDO A  
Address: 18471 SW 104 STREET  
City-St-Zip: MIAMI, FL 33196

Title: MGRM  
Name: GOMEZ, MARIA E  
Address: 18471 SW 104 STREET  
City-St-Zip: MIAMI, FL 33196

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: MMMMMMMMMMMMMM

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02/04/2011

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