2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L06000121155 CIRCLE C NURSERIES, LLC Principal Place of Business Mailing Address 2841 THORNHILL ROAD 2841 THORNHILL ROAD WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name CRIDER, BENJAMIN C 2841 THORNHILL ROAD Street Address (P.0 WINTER HAVEN, FL 33880 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required wh Filing Fee is \$50.00 Due by September 14, 2007 MANAGING MEMBERS/MANAGERS 9. 10. MGRM TITLE ☐ Delete TITLE CRIDER, BENJAMIN C NAME NAME STREET ADDRESS 2841 THORNHILL ROAD STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE CRIDER, LAURA L NAME NAME STREET ADDRESS 2841 THORNHILL ROAD STREET AODRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

BENJAMIN C.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

CLIDER

FILED Aug 13, 2007 8:00 am Secretary of State

DOCUMEN # LU6000121155 1. Entity Name CIRCLE C NURSERIES, LLC)	08-13-2007	' 90046 00	8 ****	50.00	
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	6. Name and Address	of Current R	egistered Agent			7. Name and	Address of New R	egistered Ag	ent		
CDIDED BEN HAMIN C					Name						
CRIDER, BENJAMIN C 2841 THORNHILL ROAD WINTER HAVEN, FL 33880				Street Address			(P.O. Box Number is Not Acceptable)				
					City			FL	Zip Cod	6	
	named entity submits this ons of registered agent.	statement for	the purpose of changing it	s register	ed office or regist	ered agent, or bo	th, in the State of Flo	orida. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of	registered agent an	d title if applicable. (NC	TE: Registere	d Agent signature requir	ed when reinstating}		OATE			
Filing Fee is \$50.00 Due by September 14, 2007								e check pay Departmer		9	
9.	MANAG	ING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES			
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