

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000026448

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** TIGER BAY NURSERY, LLC

**Current Principal Place of Business:**

115 E. OAK STREET  
SUITE 201  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

115 E. OAK STREET  
SUITE 201  
ARCADIA, FL 34266

**New Mailing Address:**

**FEI Number:** 20-8649081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, DON THOMAS  
115 E. OAK STREET  
SUITE 201  
ARCADIA, FL 34266 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: MGR  
Name: HALL, DON THOMAS  
Address: 115 E. OAK STREET, SUITE 201  
City-St-Zip: ARCADIA, FL 34266

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: DON T HALL

MGR

04/26/2010

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