

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000044614

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** FORT MCCOY NURSERY, LLC

**Current Principal Place of Business:**

10865 NE 210TH STREET  
FT MCCOY, FL 32134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1935 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 US

**New Mailing Address:**

**FEI Number:** 30-0416683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAVERMAN, STANLEY  
1935 E HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 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:** MGRM  
**Name:** BRAVERMAN, STANLEY  
**Address:** 1935 E HALLANDALE BEACH BLVD  
**City-St-Zip:** HALLANDALE BEACH, FL 33009 US

**Title:** MGRM  
**Name:** LANCE, RIMEL  
**Address:** 41811 SCOTTSMAN WAY  
**City-St-Zip:** WEIRSDALE, FL 32195 US

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:** STANLEY BRAVERMAN

MGRM

02/05/2010

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