

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051148

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** CHIAPPINI FARM NATIVE NURSERY LLC

**Current Principal Place of Business:**

150 CHIAPPINI FARM RD.  
HAWTHORN, FL 32640

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 436  
MELROSE, FL 32666

**New Mailing Address:**

**FEI Number:** 26-0251011

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIAPPINI, HAL D  
150 CHIAPPINI FARM RD.  
HAWTHORN, FL 32640 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:** CHIAPPINI, MARILYN P  
**Address:** 150 CHIAPPINI FARM RD.  
**City-St-Zip:** HAWTHORN, FL 32640

**Title:** MGRM  
**Name:** CHIAPPINI, HAL D  
**Address:** 150 CHIAPPINI RD  
**City-St-Zip:** HAWTHORN, FL 32640

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:** HAL DAVID CHIAPPINI

MGRM

01/04/2012

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