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FILED
May 22, 2008 8:00 am
Secretary of State

05-01-2008 90022 008 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000060556			
1. Entity Name TNT NURSERY, LLC			
Principal Place of Business 11309 US HWY 441 TAVARES, FL 32778		Mailing Address 11309 US HWY 441 TAVARES, FL 32778	
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
4. Name and Address of Current Registered Agent BOWEN RADSON SCHROTH, P.A. 600 JENNINGS AVE. EUSTIS, FL 32726		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ (Signature of person or persons of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing))			
FILER MONTHLY FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEGE ORGE, THOMAS 11309 US HWY 441 TAVARES, FL 32778 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 806, Florida Statutes.			
SIGNATURE: <u>Thomas DeGeorge</u>		Date: <u>4/29/08</u> 352.343.3050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30007145



04282008 Chg-LLC CRZE063 (12/06)

FEI Number 26-0316412 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWEN RADSON SCHROTH, P.A.
600 JENNINGS AVE.
EUSTIS, FL 32726

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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NAME
STREET ADDRESS
CITY-ST-ZIP
DEGE
ORGE, THOMAS
11309 US HWY 441
TAVARES, FL 32778
☐ Delete☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete☐ Change ☐ AdditionTITLE
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SIGNATURE:

Thomas DeGeorge 4/29/08

352.343.3050

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

Date

Display name