

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000088083

**Entity Name:** HOLLY'S NURSERY, LLC

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

180 PINE ISLAND ROAD  
ST. AUGUSTINE, FL 32095 US

**New Principal Place of Business:**

**Current Mailing Address:**

1518 CEDAR GROVE TERRACE  
ORANGE PARK, FL 32003 US

**New Mailing Address:**

**FEI Number:** 26-0798570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANTOR, MELINDA L  
698 TARA FARMS DR.  
MIDDLEBURG, FL 32068 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:** ALBERS, TROY W  
**Address:** 1518 CEDAR GROVE TERRACE  
**City-St-Zip:** ORANGE PARK, FL 32003 US

**Title:** MGRM  
**Name:** ALBERS, HOLLY A  
**Address:** 1518 CEDAR GROVE TERRACE  
**City-St-Zip:** ORANGE PARK, FL 32003 US

**Title:** MGRM  
**Name:** MANTOR, THOMAS F  
**Address:** 698 TARA FARMS DR.  
**City-St-Zip:** MIDDLEBURG, FL 32068 US

**Title:** MGRM  
**Name:** MANTOR, MELINDA L  
**Address:** 698 TARA FARMS DR.  
**City-St-Zip:** MIDDLEBURG, FL 32068 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:** MELINDA MANTOR

MGRM

03/31/2010

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