

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000088083

Entity Name: HOLLY'S NURSERY, LLC

**FILED**  
**May 09, 2011**  
**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:**

180 PINE ISLAND ROAD  
ST. AUGUSTINE, FL 32095 US

FEI Number: 26-0798570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALBERS, HOLLY A  
1518 CEDAR GROVE TERRACE  
ORANGE PARK, FL 32003 US

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

ALBERS, HOLLY A  
180 PINE ISLAND ROAD  
ST AUGUSTINE, FL 32095 US

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: HOLLY A ALBERS

05/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALBERS, HOLLY A  
Address: 180 PINE ISLAND ROAD  
City-St-Zip: ST AUGUSTINE, FL 32095 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: HOLLY A ALBERS

MGRM

05/09/2011

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