## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000101509

City-St-Zip:

RUSKIN, FL 33570

Entity Name: ARCHIE HAMLIN NURSERY, LLC

FILED Mar 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 420 7TH AVE. NE RUSKIN, FL 335703602 **Current Mailing Address: New Mailing Address:** 420 7TH AVE. NE RUSKIN, FL 335703602 FEI Number: 26-1258675 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHWW, INC FAGOT, ARCHIE D MG 390 N. ÓRANGE AVE. SUITE 1500 420 7TH AVE. NE ORLANDO, FL 32801 RUSKIN, FL 33570 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: ARCHIE D FAGOT 03/21/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete FAGOT, CAROL H Name: Name: Address: 420 7TH AVE NE Address: City-St-Zip: RUSKIN, FL 33570 City-St-Zip: Title: MG Title: ( ) Delete () Change () Addition FAGOT, ARCHIE D Name: Name: Address: 420 7TH AVE NE Address: City-St-Zip: RUSKIN, FL 33570 City-St-Zip: Title: () Delete Title: () Change () Addition GRAMLING, CHRISTOPHER H Name: Name: Address: 420 7TH AVE NE Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

City-St-Zip:

SIGNATURE: ARCHIE D FAGOT MG 03/21/2009