

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000056802

Entity Name: HOLT NURSERIES, LLC

FILED
Feb 09, 2011
Secretary of State

Current Principal Place of Business:

2690 LAKEVILLE ROAD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2690 LAKEVILLE ROAD
APOPKA, FL 32703

New Mailing Address:

FEI Number: 26-2766341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLT, THOMAS
2690 LAKEVILLE ROAD
APOPKA, FL 32703 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: HOLT, THOMAS
Address: 2690 LAKEVILLE ROAD
City-St-Zip: APOPKA, FL 32703

Title: MGRM
Name: HOLT, DEBORA MRS.
Address: 2690 LAKEVILLE ROAD
City-St-Zip: APOPKA, FL 32703

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: DEBORA HOLT

MGRM

02/09/2011

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