

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000094894

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

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

326 NEWPORT DRIVE, UNIT 1710  
NAPLES, FL 341149676

**New Principal Place of Business:**

**Current Mailing Address:**

326 NEWPORT DRIVE, UNIT 1710  
NAPLES, FL 341149676

**New Mailing Address:**

**FEI Number:** 26-3512632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PUTNAM, WILLIAM J MGR  
326 NEWPORT DRIVE UNIT 1710  
NAPLES, FL 34114 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:** MGR  
**Name:** PUTNAM, WILLIAM J  
**Address:** 326 NEWPORT DRIVE, UNIT 1710  
**City-St-Zip:** NAPLES, FL 341149676

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: WILLIAM J. PUTNAM

MGR

02/21/2011

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