

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000023405

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

**Entity Name:** QUALITY GARDENS NURSERY II LLC

**Current Principal Place of Business:**

3927 ROUND LAKE ROAD  
ZELLWOOD, FL 32798

**New Principal Place of Business:**

**Current Mailing Address:**

3927 ROUND LAKE ROAD  
ZELLWOOD, FL 32798

**New Mailing Address:**

**FEI Number:** 26-4459456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZURASKY, JOHN  
7840 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 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:** ZURASKY, NICHOLAS J  
**Address:** 3927 ROUND LAKE ROAD  
**City-St-Zip:** ZELLWOOD, FL 32798

**Title:** MGRM  
**Name:** ZURASKY, NANCY Y  
**Address:** 7840 S. TROPICAL TRAIL  
**City-St-Zip:** MERRITT ISLAND, FL 32952

**Title:** MGRM  
**Name:** ZURASKY, JOHN E  
**Address:** 7840 S. TROPICAL TRAIL  
**City-St-Zip:** MERRITT ISLAND, FL 32952

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:** NANCY ZURASKY

MGRM

01/31/2010

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