

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055511

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** GARY ROBERTS NURSERY, LLC

**Current Principal Place of Business:**

4200 JOHNSTON ROAD  
FORT PIERCE, FL 34951

**New Principal Place of Business:**

**Current Mailing Address:**

437 ROUSE ROAD  
FORT PIERCE, FL 34946

**New Mailing Address:**

**FEI Number:** 27-0322825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, GARY  
437 ROUSE ROAD  
FORT PIERCE, FL 34946 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:** ROBERTS, GARY  
**Address:** 437 ROUSE ROAD  
**City-St-Zip:** FORT PIERCE, FL 34946

**Title:** MGR  
**Name:** ROBERTS, SUSAN M  
**Address:** 437 ROUSE ROAD  
**City-St-Zip:** FORT PIERCE, FL 34946

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:** SUSAN ROBERTS

MGR

04/24/2012

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