

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075701

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA NURSERIES OF JEFFERSON COUNTY, LLC

**Current Principal Place of Business:**

US 19 SOUTH  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 697  
MONTICELLO, FL 32345

**New Mailing Address:**

**FEI Number:** 26-4719093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BESHEARS, HALSEY W  
2225 S JEFFERSON  
MONTICELLO, FL 32344 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:** BESHEARS, HALSEY W  
**Address:** PO. BOX 755  
**City-St-Zip:** MONTICELLO, FL 32345

**Title:** MGR  
**Name:** BESHEARS, THAD H  
**Address:** PO BOX 160  
**City-St-Zip:** MONTICELLO, FL 32345

**Title:** MGR  
**Name:** BESHEARS, ROB H  
**Address:** PO BOX 160  
**City-St-Zip:** MONTICELLO, FL 32345

**Title:** MGR  
**Name:** HATCHER, FRANKLIN  
**Address:** 2251 RABON RD  
**City-St-Zip:** MONTICELLO, FL 32344

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:** HALSEY W. BESHEARS

MGRM

03/15/2010

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