

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000091640

**Entity Name:** NATURES BOUNTY NURSERY LLC

**FILED**  
**Oct 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4221 SOUTH HAVERHILL RD  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

4972 OHIO RD  
LAKE WORTH, FL 33463

**New Mailing Address:**

PO BOX 5593  
LAKE WORTH, FL 33466

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LAMNECK, RON  
4972 OHIO RD  
LAKE WORTH, FL 33463 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: RON LAMNECK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LAMNECK, RON  
Address: 4221 SOUTH HAVERHILL RD  
City-St-Zip: LAKE WORTH, FL 33463

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: RON LAMNECK

MANA

10/11/2010

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