

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000038013

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** LAKE WALES CITRUS NURSERY, LLC

**Current Principal Place of Business:**

2525 HARBOR BLVD., STE. 201B  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 51-1186  
PUNTA GORDA, FL 339511186

**New Mailing Address:**

**FEI Number:** 27-2308621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

METYK, MICHAEL R  
2525 HARBOR BLVD., STE. 201B  
PORT CHARLOTTE, FL 33952 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:** WORCH, RICHARD H JR  
**Address:** PO BOX 51-1186  
**City-St-Zip:** PUNTA GORDA, FL 339511186

**Title:** MGR  
**Name:** METYK, MICHAEL R  
**Address:** PO BOX 51-1186  
**City-St-Zip:** PUNTA GORDA, FL 339511186

**Title:** MGR  
**Name:** GATLIN, LOUIS  
**Address:** PO BOX 51-1186  
**City-St-Zip:** PUNTA GORDA, FL 339511186

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:** RICHARD H. WORCH, JR.

MGR

04/12/2012

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