

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000055856

Entity Name: MISLOW ORCHIDS LLC

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

18470 SW 206TH ST  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

18470 SW 206TH ST  
MIAMI, FL 33187

**New Mailing Address:**

FEI Number: 27-2661458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABERCROMBIE ACCOUNTING INC  
16115 SW 117TH AVENUE #25  
MIAMI, FL 33177 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: ROSE OF SHARON NURSERY INC  
Address: 18470 SW 206TH ST  
City-St-Zip: MIAMI, FL 33187

Title: DP  
Name: MISLOW, GREGORY J III  
Address: 18470 SW 206 STREET  
City-St-Zip: MIAMI, FL 33187

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: GREGORY MISLOW III

MGRM

04/05/2012

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