

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070901

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** NATURE AND NURSERY, LLC

**Current Principal Place of Business:**

12271 BLASINGIM ROAD  
FORT MYERS, FL 33966

**New Principal Place of Business:**

12271 BLASINGIM ROAD  
FORT MYERS, FL 33966 UN

**Current Mailing Address:**

8270 ARBORFIELD CT.  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 27-4585830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PONADER, LINDA L  
8270 ARBORFIELD CT.  
FORT MYERS, FL 33912 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:** PONADER, LINDA L  
**Address:** 8270 ARBORFIELD CT.  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** MGR  
**Name:** PONADER, JONATHAN W  
**Address:** 8270 ARBORFIELD CT.  
**City-St-Zip:** FORT MYERS, FL 33912

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: LINDA L. PONADER

MGR

02/07/2012

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