

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000094688

**Entity Name:** BULL BAY NURSERY, LLC

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4370 STORY ROAD  
SAINT CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

4417 13TH STREET # 520  
SAINT CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:** 27-3426895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUNNILA, JASON J  
4370 STORY ROAD  
SAINT CLOUD, FL 34772 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:** JUNNILA, JASON J  
**Address:** 4370 STORY ROAD  
**City-St-Zip:** SAINT CLOUD, FL 34772

**Title:** MGRM  
**Name:** MCNUTT, JAMES R  
**Address:** 4212 LAVENDER WAY  
**City-St-Zip:** SAINT CLOUD, FL 34772

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:** JAMES R MCNUTT

MGRM

04/09/2012

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