

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000085008

**Entity Name:** NEW WORLD NURSERY, LLC

**FILED**  
**Dec 13, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

29051 SW 177 AVE.  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

29051 SW 177 AVE.  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 80-0746716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACOBS, SHELLEY  
29051 SW 177 AVE.  
HOMESTEAD, FL 33030 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:** SHELLEY JACOBS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** JACOBS, SHELLEY  
**Address:** 29051 SW 177 AVE.  
**City-St-Zip:** HOMESTEAD, FL 33030

**Title:** MGRM  
**Name:** BRYAN, CLIFF CAROL  
**Address:** 29051 SW 177 AVE.  
**City-St-Zip:** HOMESTEAD, FL 33030

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:** SHELLEY JACOBS

MGR

12/13/2013

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