

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000142033

FILED
Feb 26, 2012
Secretary of State

Entity Name: TROPICAL WAVE NURSERY, LLC.

Current Principal Place of Business:

20241 SW 317 STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

20241 SW 317 STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 45-4116589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, PAUL
20241 SW 317 STREET
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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GRAY, PAUL
Address: 20241 SW 317 STREET
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: PAUL V GRAY

MGRM

02/26/2012

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