

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L95000000422

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** THE WILLOWS NURSERY, L.C.

**Current Principal Place of Business:**

6167 GEORGE RD  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 511273  
PUNTA GORDA, FL 339511273 US

**New Mailing Address:**

**FEI Number:** 65-0596810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLIER, CLAUDE H  
6167 GEORGE ROAD  
PUNTA GORDA, FL 33982 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:** PG  
**Name:** COLLIER, CLAUDE H  
**Address:** 6167 GEORGE ROAD  
**City-St-Zip:** PUNTA GORDA, FL 33982

**Title:** GV  
**Name:** COLLIER, KAREN M  
**Address:** 6167 GEORGE ROAD  
**City-St-Zip:** PUNTA GORDA, FL 33982

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:** CLAUDE H. COLLIER

PG

01/07/2010

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