


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN -4 PM 3:29

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000000882

TROPICAL NURSERY FARMS, L.C.
25300 S.W. 202ND AVENUE
HOMESTEAD FL 33031

1a. Principal Place of Business Address

25300 S.W. 202ND AVENUE
HOMESTEAD FL 33031

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11/15/1995

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

City & State

City & State

65-0618854

5. Date of Last Report

6. Certificate of Status Desired

☒ SE 75 Additional Fee Required ☐

Zip

Country

Zip

Country

04/28/1997

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

PLOUCHA, L. M
ATKINSON, DINER, STONE & MANKUTA, P.
1946 TYLER STREET
HOLLYWOOD FL 33022

Name

Street Address (P.O. Box Number is Not Acceptable)

300002557483--8
-06/11/98--01114--012

Suite, Apt. #, etc.

*****150.00 *****150.00

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ALPHA BOTANICAL, INC.	02ND AVENUE	HOMESTEAD FL
MGRM	CAMPBELLS FOLIAGE, INC	17425 S.W. 275TH STREET	HOMESTEAD FL
MGRM	FOLIAGE FOREST, INC.	17350 S.W. 248TH STREET	HOMESTEAD FL
MGRM	SPRENGERS AND DRATH, I	23245 S.W. 162ND AVENUE	HOMESTEAD FL

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*****38.75 *****38.75

6-4

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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 688, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #