

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000003220

1. Entity Name

SYLVAN NURSERY FARMS, L.L.C.



Principal Place of Business

21101 S.W. 134 AVENUE
MIAMI, FL 33177

Mailing Address

21101 S.W. 134 AVENUE
MIAMI, FL 33177

DO NOT WRITE IN THIS SPACE



03242004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0883706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELANGE, DANIEL H
21101 S.W. 134 AVENUE
MIAMI, FL 33177

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

1000000102046
04/02/04-80038-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DELANGE, DANIEL H
21101 S.W. 134 AVENUE
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DELANGE, AISA
21101 S.W. 134 AVENUE
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOXER, SUSAN
21101 SW 134 AVENUE
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: *Susan Boxer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/31/04

Date

305-232-2133

Daytime Phone #