

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001277

Entity Name: G & S NURSERY, L.L.C.

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1505 COMMERCE BLVD  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 215  
LAKE CITY, FL 32056

**New Mailing Address:**

FEI Number: 59-3566217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEWART, SCOTT D  
1505 COMMERCE BLVD  
LAKE CITY, FL 32025 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: STEWART, SCOTT D  
Address: POST OFFICE BOX 1208  
City-St-Zip: LAKE CITY, FL 32056

Title: MGRM  
Name: CURRY, GABRIEL  
Address: P.O. BOX 215  
City-St-Zip: LAKE CITY, FL 32056

Title: MGRM  
Name: CURRY, SCOTT  
Address: P.O. BOX 215  
City-St-Zip: LAKE CITY, FL 32056

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: SCOTT CURRY

MGRM

03/30/2010

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