

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000149939

**Entity Name:** MERLYN NURSERIES, INC.

**Current Principal Place of Business:**

5030 S.W.188TH AVENUE  
SW RANCHES, FL 33332

**Current Mailing Address:**

5030 S.W.188TH AVENUE  
SW RANCHES, FL 33332

**FEI Number:** 20-1835820

**Certificate of Status Desired:** No

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

MURPHY, MAUREEN  
5030 S.W.188TH AVENUE  
SW RANCHES, FL 33332 US

*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

**Officer/Director Detail :**

Title D  
Name MURPHY, MAUREEN  
Address 5030 S.W.188TH AVENUE  
City-State-Zip: SW RANCHES FL 33332

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAUREEN MURPHY

**PRESIDENT**

**02/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date