

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000005274

**Entity Name:** OAK GROVE NURSERY, LLC

**Current Principal Place of Business:**

32115 ORANGE AVE.  
FORT PIERCE, FL 34945

**Current Mailing Address:**

PO BOX 1136  
FT. PIERCE, FL 34954-1136

**FEI Number:** 65-1009952

**Certificate of Status Desired:** No

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

SCOTT, DANIEL CIII  
9406 BUNTING LANE  
FT. PIERCE, FL 34951 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	SCOTT, DANIEL CIII	Name	CRAIG, DAVID M
Address	9406 BUNTING LANE	Address	2300 GRAND OAK AVE.
City-State-Zip:	FT. PIERCE FL 34951	City-State-Zip:	FT. PIERCE FL 34981

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DANIEL SCOTT III

**PRESIDENT**

**01/08/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date