

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000009931

**Entity Name:** TECNIFLORA NURSERY, L.L.C.

**Current Principal Place of Business:**

3480 TALLEVAST RD  
SARASOTA, FL 34243

**Current Mailing Address:**

3480 TALLEVAST RD  
SARASOTA, FL 34243

**FEI Number:** 03-0432609

**Certificate of Status Desired:** No

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

SHOAF, MARGARET  
46 N WASHINGTON BLVD  
STE 29  
SARASOTA, FL 34236 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            | MYERS, TROY HJR            | Name            | ROMERO, RAFAEL     |
| Address         | 2033 MAIN STREET SUITE 600 | Address         | 3480 TALLEVAST RD. |
| City-State-Zip: | SARASOTA FL 34237          | City-State-Zip: | SARASOTA FL 34243  |

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAFAEL ROMERO

**MANAGER**

**04/16/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date