

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028009

**Entity Name:** WEST DADE NURSERIES, LLC

**Current Principal Place of Business:**

2251 ROBERT C. BYRD DR.  
BECKLEY, WV 25802

**Current Mailing Address:**

PO BOX 2438  
BECKLEY, WV 25802-2438 US

**FEI Number: 55-0345840**

**Certificate of Status Desired: No**

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

SULLIVAN, MICHAEL  
450 ROYAL PALM WAY  
2ND FLOOR  
PALM BEACH, FL 33450 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:** MICHAEL SULLIVAN

03/31/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SULLIVAN, MICHAEL  
Address 450 ROYAL PALM WAY  
2ND FLOOR  
City-State-Zip: PALM BEACH FL 33450

*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:** MICHAEL SULLIVAN

**MANAGER**

03/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date