

2022 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:

MELFI, STEPHANIE
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MELFI, STEPHANIE
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: STEPHANIE MELFI

MANAGER

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date