

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009249

Entity Name: CITY OF PALMS NURSERY, LLC

Current Principal Place of Business:

20371 WILLIAMS DR.
NORTH FT MYERS, FL 33917

Current Mailing Address:

20371 WILLIAMS DR.
NORTH FT MYERS, FL 33917 LE

FEI Number: 26-0068152

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEAVER, MARK E
20371 WILLIAMS DR
N. FT. MYERS, FL 33917 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: MARK E WEAVER

01/09/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WEAVER, MARK E
Address 20371 WILLIAMS DR
City-State-Zip: N. FT. MYERS FL 33917

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: MARK E WEAVER

MGR

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date