

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000088470

**Entity Name:** NATURE'S WAY WHOLESALE NURSERY, LLC

**Current Principal Place of Business:**

11201 CORPORATE CIRCLE NORTH  
SUITE #120  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

11201 CORPORATE CIRCLE NORTH  
SUITE #120  
ST. PETERSBURG, FL 33716

**FEI Number:** 20-3380582

**Certificate of Status Desired:** No

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

SMITHSON, LISA  
11201 CORPORATE CIRCLE NORTH  
SUITE #120  
ST. PETERSBURG, FL 33716 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           MANAGER  
Name           SMITHSON, LISA  
Address        11201 CORPORATE CIRCLE NORTH  
                  SUITE #120  
City-State-Zip: ST. PETERSBURG FL 33716

*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:** LISA L SMITHSON

**MEMBER**

**04/08/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date