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. PRES

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

SIGNATURE: RAYMUNDO BARCENAS

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: LUIS AGUILAR NURSERY, LLC

Current Principal Place of Business:

24350 S.W 152 AVE MIAMI, FL 33187

Current Mailing Address:

DOCUMENT# L09000051942

19780 SW 177 AVE PMB 214 MIAMI, FL 33187

FEI Number: 27-0811059

Name and Address of Current Registered Agent:

BARCENAS, RAYMUNDO 19780 SW 177 AVE APT 214 MIAMI, FL 33187 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	HERNANDEZ, CONCEPCION	Name	BARCENAS, RAYMUNDO
Address	19780 SW 177TH AVE APT 214	Address	24350 SW 152 AVE
City-State-Zip:	MIAMI FL 33187	City-State-Zip:	MIAMI FL 33187

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State CC3837445953

FILED Jan 12, 2015

Certificate of Status Desired: No

Date

01/12/2015

Date