

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000051942

**Entity Name:** LUIS AGUILAR NURSERY, LLC

**Current Principal Place of Business:**

24350 S.W 152 AVE  
MIAMI, FL 33187

**Current Mailing Address:**

19780 SW 177 AVE  
PMB 214  
MIAMI, FL 33187

**FEI Number:** 27-0811059

**Certificate of Status Desired:** No

**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

\_\_\_\_\_ Date

**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     |

*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:** RAYMUNDO BARCENAS

**PRESIDENT**

**03/10/2014**

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

\_\_\_\_\_  
Date