

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000033717

**Entity Name:** FERN RIDGE NURSERY, LLC

**Current Principal Place of Business:**

5631 SW 40TH AVENUE  
FT.LAUDERDALE, FL 33314

**Current Mailing Address:**

5631 SW 40TH AVENUE  
FT.LAUDERDALE, FL 33314 US

**FEI Number: 81-1628072**

**Certificate of Status Desired: No**

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

DONATE, RONALD T  
5631 SW 40TH AVENUE  
FT.LAUDERDALE, FL 33314 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 DONATE, RONALD T  
Address 5631 SW 40TH AVENUE  
City-State-Zip: FT.LAUDERDALE FL 33314

Title MGR  
Name DONATE, ELIZABETH C  
Address 5631 SW 40TH AVENUE  
City-State-Zip: FT.LAUDERDALE FL 33314

Title MGR  
Name DONATE, KRISTINE ANN  
Address 728 NE 16TH CT  
City-State-Zip: FORT LAUDERDALE FL 333053016

*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: ELIZABETH C DONATE**

**MGR**

**01/25/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date