

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000200393

**Entity Name:** PALMETTO LAKE WALES - THOMPSON NURSERY RD, LLC

**Current Principal Place of Business:**

221 S. CRAWFORD STREET  
THOMASVILLE, GA 31792

**Current Mailing Address:**

P.O. BOX 1615  
THOMASVILLE, GA 31799

**FEI Number:** 32-0510317

**Certificate of Status Desired:** No

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

HOUGHTON, MICHAEL D  
1661 WILLIAMSBURG SQUARE  
LAKELAND, FL 33803 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 PALMETTO CAPITAL GROUP, LLC  
Address 221 S. CRAWFORD STREET  
City-State-Zip: THOMASVILLE GA 31792

*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:** MILES WATKINS

MEMBER

04/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date