

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000175938

**Entity Name:** GARDEN SOLUTIONS RESOURCE LLC

**Current Principal Place of Business:**

7951 RIVIERA BLVD  
308  
MIRAMAR, FL 33023

**Current Mailing Address:**

7951 RIVIERA BLVD  
308  
MIRAMAR, FL 33023 US

**FEI Number: 83-4120744**

**Certificate of Status Desired:** Yes

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

NICHOLS, LONZIE  
7951 RIVERA BLVD  
308  
MIRAMAR, FL 33023 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 AP  
Name NICHOLS, LONZIE  
Address 7951 RIVERA BLVD SUITE308  
City-State-Zip: MIRAMAR FL 33023

Title AP  
Name NICHOLS, LONZIE  
Address 7951 RIVERA BLVD SUITE308  
City-State-Zip: MIRAMAR FL 33023

Title MGR  
Name NICHOLS, LONZIE  
Address 7951 RIVERA BLVD SUITE308  
City-State-Zip: MIRAMAR FL 33023

Title MGR  
Name NICHOLS, LONZIE  
Address 7951 RIVERA BLVD SUITE308  
City-State-Zip: MIRAMAR FL 33023

Title MGR  
Name NICHOLS, LONZIE  
Address 7951 RIVERA BLVD SUITE308  
City-State-Zip: MIRAMAR FL 33023

Title MGR  
Name NICHOLS, LONZIE  
Address 7951 RIVERA BLVD SUITE 308  
City-State-Zip: MIRAMAR FL 33023

Title TREASURER  
Name NICHOLS, ELDRINIQUE T  
Address 7951 RIVIERA BLVD  
308  
City-State-Zip: MIRAMAR FL 33023

*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: LONZIE NICHOLS**

**OWNER**

**04/08/2021**

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

\_\_\_\_\_  
Date