

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000194749

Entity Name: O & M NURSERY, LLC

Current Principal Place of Business:

2652 NW 29 STREET
MIAMI, FL 33142

Current Mailing Address:

PO BOX 650395
MIAMI, FL 33265 US

FEI Number: 84-2668739

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LLERENA, OSCAR
2652 NW 29 STREET
MIAMI, FL 33142 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: OSCAR LLERENA

02/16/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	LLERENA, OSCAR	Name	BACALLAO, VICTORIA LLERENA
Address	PO BOX 650395	Address	PO BOX 650395
City-State-Zip:	MIAMI FL 33265	City-State-Zip:	MIAMI FL 33265

Title	AUTHORIZED REPRESENTATIVE
Name	LLERENA, DANIEL
Address	PO BOX 650395
City-State-Zip:	MIAMI FL 33265

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: OSCAR LLERENA

MANAGER

02/16/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date