

2023 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

04/23/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CFO
Name	LLERENA, OSCAR
Address	PO BOX 650395
City-State-Zip:	MIAMI FL 33265

Title	PRESIDENT
Name	LLERENA, OSCAR J
Address	PO BOX 650395
City-State-Zip:	MIAMI FL 33265

Title	AUTHORIZED REPRESENTATIVE
Name	BACALLAO, VICTORIA LLERENA
Address	PO BOX 650395
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

PRESIDENT

04/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date