

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000106749

**Entity Name:** MEDLEY NURSERY, LLC

**Current Principal Place of Business:**

814 HAAS RD  
APOPKA, FL 32712

**Current Mailing Address:**

P O BOX 777  
SORRENTO, FLORIDA 32776 UN

**FEI Number:** 85-0795790

**Certificate of Status Desired:** No

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

MEDLEY, MINDY S  
814 HAAS RD  
APOPKA, FL 32712 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 MEDLEY, ERIK W  
Address 32132 HICKORY LANE  
City-State-Zip: SORRENTO FL 32776

*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:** ERIK MEDLEY

VP

01/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date