

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000059628

**Entity Name:** NANA NURSERY LLC

**Current Principal Place of Business:**

16275 SW 172 ST.  
MIAMI, FL 33187

**Current Mailing Address:**

2423 SW 147 AV  
359  
MIAMI, FL 33185 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

QUINTERO, SANTIAGO  
16275 SW 172 ST.  
MIAMI, FL 33187 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:** SANTIAGO QUINTERO

09/12/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                      |
|-----------------|--------------------|-----------------|----------------------|
| Title           | AMBR               | Title           | MGR                  |
| Name            | QUINTERO, SANTIAGO | Name            | MENDOZA, JOSE JAVIER |
| Address         | 16275 SW 172 ST.   | Address         | 16275 SW 172 ST.     |
| City-State-Zip: | MIAMI FL 33187     | City-State-Zip: | MIAMI FL 33187       |

*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:** SANTIAGO QUINTERO

AMBR

09/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date