

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000086131

**Entity Name:** DE LA OSA NURSERY LLC

**Current Principal Place of Business:**

15600 SW 209 AVE  
MIAMI, FL 33187

**Current Mailing Address:**

15600 SW 209 AVE  
MIAMI, FL 33187 US

**FEI Number:** 88-1076046

**Certificate of Status Desired:** No

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

PEREZ RIVERA, ALEJANDRO SR  
15600 SW 209 AVE  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AUTHORIZED MEMBER  
Name            PEREZ RIVERA, ALEJANDRO  
Address        15600 SW 209 AVE  
City-State-Zip: MIAMI FL 33187

Title            MANAGER  
Name            PEREZ GONZALEZ, LAURA L  
Address        9920 NW 68TH PLACE  
                  APT. 105  
City-State-Zip: TAMARAC FL 33321

*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:** ALEJANDRO PEREZ RIVERA

**AUTHORIZED MEMBER**

**01/13/2025**

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

\_\_\_\_\_  
Date