

**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000165683

**Entity Name:** DEPOT NURSERY LLC

**Current Principal Place of Business:**

16931 JAMES WALTER LANE  
CAPE CORAL, FL 33993

**Current Mailing Address:**

18855 SW 296 STREET  
HOMESTEAD, FL 33030 US

**FEI Number:** 88-2066041

**Certificate of Status Desired:** Yes

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

HAYES, ALEXIS  
18855 SW 296 STREET  
HOMESTEAD, FL 33030 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 HAYES, ALEXIS

Address 18855 SW 296 STREET

City-State-Zip: HOMESTEAD FL 33030

*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:** ALEXIS HAYES

**OWNER**

**02/07/2025**

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

\_\_\_\_\_  
Date