

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000467250

**Entity Name:** CH NURSERY & PLANTS LLC

**Current Principal Place of Business:**

16555 SW 209 AVE  
MIAMI, FL 33187

**Current Mailing Address:**

16555 SW 209 AVE  
MIAMI, FL 33187 UN

**FEI Number:** 88-4238057

**Certificate of Status Desired:** No

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

HERNANDEZ, OZQUEL  
16555 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	MGR	Title	MGR
Name	HERNANDEZ, OSQUEL	Name	PARDO, JULIA
Address	16555 SW 209 AVE	Address	16555 SW 209 AVE
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:** JULIA PARDO

MGR

03/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date