

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000478354

**Entity Name:** BRUCE JENSEN NURSERIES, LLC

**Current Principal Place of Business:**

81 ROGER WILLIAMS ROAD  
APOPKA, FL 32703-4573

**Current Mailing Address:**

81 ROGER WILLIAMS ROAD  
APOPKA, FL 32703-4573 US

**FEI Number:** 59-2514395

**Certificate of Status Desired:** No

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

JENSEN, BARBARA  
81 ROGER WILLIAMS ROAD  
APOPKA, FL 32703-4573 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 JENSEN, BARBARA  
Address 81 ROGER WILLIAMS ROAD  
City-State-Zip: APOPKA FL 32703-4573

*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:** BARBARA JENSEN

MANAGER

02/10/2023

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

\_\_\_\_\_ Date