

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000227397

Entity Name: SADLER NURSERY LLC

Current Principal Place of Business:

4651 SADLER RD
APOPKA, FL 32712

Current Mailing Address:

PO BOX 291
ZELLWOOD, FL 32798 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICE, ALLEN M
4701 SADLER RD
APOPKA, FL 32712 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 RICE, ALLEN
Address 4701 SADLER RD
City-State-Zip: APOPKA FL 32712

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: ALLEN M RICE

OWNER

03/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date