

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000456164

Entity Name: FLORIDA NATIVE NURSERIES LLC

Current Principal Place of Business:

1435 VANDOLAH ROAD
WAUCHULA, FL 33873

Current Mailing Address:

PO BOX 1541
BOWLING GREEN, FL 33834

FEI Number: 93-4569467

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MYERS, JENNIFER L
9481 WATERFORD OAKS DRIVE
WINTER HAVEN, FL 33884 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 MBR
Name MYERS, PAUL C JR
Address 3905 MAMMOTH GROVE ROAD
City-State-Zip: LAKE WALES FL 33898

Title MBR
Name MYERS, JENNIFER L
Address 9481 WATERFORD OAKS DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title MBR
Name PORTERFIELD, ROBERT W
Address 1645 S. KISSINGEN AVE
City-State-Zip: BARTOW FL 33830

Title MBR
Name BEK, DAVID
Address 4157 RIVER BANK WAY
City-State-Zip: PUNTA GORDA FL 33980

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: JENNIFER L MYERS

MBR

04/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date