

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000094262

Entity Name: FLORIDA MAN NURSERY LLC

Current Principal Place of Business:

4202 24TH ST. SE
RUSKIN, FL 33570

Current Mailing Address:

PO BOX 5003
SUN CITY CENTER, FL 33571 US

FEI Number: 99-1596542

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILKINS, MALACHI
4202 24TH ST. SE
RUSKIN, FL 33570 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 OWNER
Name FLORIDA MAN NURSERY
Address PO BOX 5003
City-State-Zip: SUN CITY CENTER FL 33571

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: MALACHI WILKINS

OWNER

05/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date