

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000129602

**Entity Name:** TOWER HILL NURSERY, LLC

**Current Principal Place of Business:**

1712 NE 36TH AVE  
OCALA, FL 34470

**Current Mailing Address:**

1712 NE 36TH AVE  
OCALA, FL 34470

**FEI Number:** 85-1268103

**Certificate of Status Desired:** No

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

MIMS, RYAN  
1712 NE 36TH AVE  
OCALA, FL 34470 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:** RYAN MIMS

02/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MIMS, RYAN  
Address PO BOX 1075  
City-State-Zip: SILVER SPRINGS FL 34489

*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:** RYAN MIMS

MANAGER

02/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date