

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031656

**FILED**  
**Apr 19, 2009**  
**Secretary of State**

**Entity Name:** GREEN TOUCH, LLC

**Current Principal Place of Business:**

6000 ISLAND BOULEVARD  
APT. 1003  
AVENTURA, FL 33160 US

**Current Mailing Address:**

6000 ISLAND BOULEVARD  
APT. 1003  
AVENTURA, FL 33160 US

**FEI Number:** 26-1905441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**New Principal Place of Business:**

4700 SHERIDAN ST.  
J  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

4700 SHERIDAN ST.  
J  
HOLLYWOOD, FL 33021 US

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

LEOPOLD KORN LEOPOLD SNYDER PA  
20801 BISCAYNE BOULEVARD  
SUITE 501  
AVENTURA, FL 33180 US

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

HOBERMAN, PABLO  
4700 SHERIDAN ST.  
J  
HOLLYWOOD, FL FL 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: PABLO HOBERMAN

04/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOBERMAN, PABLO  
Address: 6000 ISLAND BOULEVARD APT. 1003  
City-St-Zip: AVENTURA, FL 33160 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOBERMAN, PABLO  
Address: 4700 SHERIDAN ST., SUITE J  
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PABLO HOBERMAN

MGR

04/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date