

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90091 019 \*\*\*\*55.00

**DOCUMENT # L02000005490**

1. Entity Name

**GREENACRES LAWN & TRAILER, LLC**



Principal Place of Business

Mailing Address

**8210 FALLS LANE  
PARKLAND FL 33067**

**8210 FALLS LANE  
PARKLAND FL 33067**

**60014182**

2. Principal Place of Business

**9005 SOUTHERN BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**9005 SOUTHERN BLVD**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**WEST PALM BEACH FL**

City & State

**WEST PALM BEACH, FL**

4. FEI Number

**75 - 30 27159**

Applied For

Not Applicable

Zip

**33411**

Country

**USA**

Zip

**33411**

Country

**USA**

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CFRA, LLC**

**777 S. HARBOUR ISLAND BLVD.**

**TAMPA FL 33601-3239**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MG-AM**  
**FRABITORE, STEPHEN**  
**8210 FALLS LANE**  
**PARKLAND, FL 33067**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MG-RM**  
**FRABITORE, JENNIFER**  
**8210 FALLS LANE**  
**PARKLAND, FL 33067**

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TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/14/03**

**561-793-8181**

CR2E083 (10/02)