

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

We set paynet already **FILED**

Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001707

1. Entity Name

GREEN UMBRELLA IMPORTS, L.L.C.



Principal Place of Business

**6329 NEWBERRY RD., STE. A2C
GAINESVILLE FL 32605**

Mailing Address

**3715 NW 7TH PLACE
GAINESVILLE FL 32607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

59-3576743

Applied For

Not Applicable

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

**JOHNSON, VIRGINIA
3458 NW 37TH AVE.
GAINESVILLE FL 32605**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **JOHNSON, VIRGINIA**
CITY-ST-ZIP **3458 NW 37TH AVE.
GAINESVILLE FL 32605**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **MATHER, CANDACE**
CITY-ST-ZIP **3715 N.W. 7TH PLACE
GAINESVILLE FL 32607**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MATHER, BRIAN**
CITY-ST-ZIP **3715 N.W. 7TH PLACE
GAINESVILLE FL 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**U000000080011
03/08/04-80091-019 50.00**

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

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

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

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

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

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:

Candace L Mather **CANDACE L MATHER**

3/3/04

352-378-0277

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

Date

Daytime Phone #