FILED
May 24, 2002 8:00 am
Secretary of State
04-17-2002 90025 038 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006575

1. Entity Name

GREEN ENTERPRISES, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9140 SOUTHMONT COVE		O'BRIEN, RIVAMONTE & SLATE, P.C.	86414
Suite, Apt. #, etc. #310		Suite, Apt. #, etc. 25800 NORTHWESTERN HWY., #1100	DO NOT WRITE IN THIS SPACE
City & State FT. MYERS, FLORIDA		City & State SOUTHFIELD, MICHIGAN	
Zip 33908	Country U.S.A.	Zip 48075	Country U.S.A.

4. FEI Number — Applied For / X Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: REGINALD ZIELINSKI

Street Address (P.O. Box Number Is Not Acceptable): 9140 SOUTHMONT COVE, #310

City: FT. MYERS FL Zip Code: 33908

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.

SIGNATURE _____ DATE

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT REGINALD ZIELINSKI 9140 SOUTHMONT COVE, #310 FT. MYERS, FL. 33908
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #