L00000009805

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

FILED
02 JAN 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000014538 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : WHITE & CASE
Account Number : 075410002143
Phone : (305)371-2700
Fax Number : (305)358-5744

AL

FILED
02 JAN 17 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

GREENER PASTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$200.00

1515920-0300
ATTN: M WAGONER

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 16, 2002

GREENER PASTURES, LLC
200 SOUTH BISCYANE BLVD.
C/O EDWARDE. SAWYER, ESQ.
MIAMI, FL 33131

SUBJECT: GREENER PASTURES, LLC
REF: L00000009805

FILED
02 JAN 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

FAX Aud. #: H02000014538
Letter Number: 302A00002303

Fax Audit No. H02000014538

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009805

1. Entity Name
GREENER PASTURES, LLC

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN 16

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
200 SOUTH BISCYANE BLVD. Ste 4900 C/O EDWARDE. SAWYER, ESQ. MIAMI FL 33131	200 SOUTH BISCYANE BLVD. Ste 4900 C/O EDWARDE. SAWYER. ESQ. MIAMI FL 33131

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number — Applied For ☐ / Not Applicable ☒

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

6. Name and Address of Current Registered Agent

SAWYER, EDWARD E
200 SOUTH BISCYANE BLVD.
C/O EDWARDE. SAWYER, ESQ. Edward E. Sawyer
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

SIGNATURE [signature] 1-16-2002
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 Department of State
Due By September 28, 2001

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member JOHN GAY c/o Edward E. Sawyer 200 S. Biscayne Blvd., Ste 4900 Miami, FL 33131-2353	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

STAPLE CHECK HERE

CR2E083 (6/01)

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] 8-9-01 305 995 5213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
JOHN GAY, MANAGING MEMBER