

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90006 026 \*\*\*\*\*50.00

**DOCUMENT # L01000002094**

1. Entity Name  
**GOOD 4 EARTH LLC**



Principal Place of Business  
**3412 CLARK ROAD, SUITE 219  
SARASOTA FL 34231**

Mailing Address  
**3412 CLARK ROAD, SUITE 219  
SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**GREWAL, JAGBIR  
3412 CLARK ROAD, SUITE 219  
SARASOTA FL 34231**

Name **FORSTER, JADE**  
Street Address (P.O. Box Number is Not Acceptable) **3412 CLARK RD**  
**STE 219**  
City **SARASOTA** FL Zip Code **34231**

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 **JADE FORSTER**  
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 **MGRM** ☒ Delete  
NAME **GREWAL, JAGBIR S**  
STREET ADDRESS **3412 CLARK RD, STE 219**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **FORSTER, JADE**  
STREET ADDRESS **3412 CLARK RD, STE 219**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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: **X** **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**941 3567911**

CR2E083 (10/02)