## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State DOCUMENT # L01000012685 1. Entity Name 05-22-2002 90212 021 \*\*\*\*50 00 GREEN ACRES HOME AND FARM SERVICES, L.L.C. Principal Place of Business Mailing Address 3945 SWAMP DEER ROAD 3945 SWAMP DEER ROAD NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1 DAVIS, CONRAD R Street Address (P.O. Box Number is Not Acceptable) 3945 SWAMP DEER ROAD **NEW SMYRNA BEACH FL 32168** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE (9/01) ☐ Delete TITLE ☐ Change ☑ Addition NAME NAME Travis Struttor STREET ADDRESS CR2E083 STREET ADDRESS CITY-ST-ZIP New Smyrna: Beach, FL CITY-ST-ZIP ☐ Delete TITLE TITLE Change conrad Davis NAME NAME 3945 Swamp Deer Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Beach, FL New Smyrna TITLE ☐ Delete TITLE Change ocer. NAME NAME 540 Hidden Pines Blud. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP/ New Smyrna Beach, FL 39168 Delete reas. TITLE ☐ Change Addition NAME 3945 Swamp Dae NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32168 TITLE ☐ Delete Addition NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE > ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED