

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90088 009 *****50.00

DOCUMENT # L01000020493

1. Entity Name

GRASS RIVER GROWERS ONE LLC



Principal Place of Business

**3345 OLEANDER WAY
GULF STREAM FL 33483**

Mailing Address

**3345 OLEANDER WAY
GULF STREAM FL 33483**

20013994

2. Principal Place of Business

9771 8TH PLACE SOUTH

3. Mailing Address

9771 8TH PLACE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number **22-3845467**

Applied For

Not Applicable

Zip

33437

Country

USA

Zip

33437

Country

USA

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

6. Name and Address of Current Registered Agent

**SCANNELL, THOMAS F III
3345 OLEANDER WAY
GULF STREAM FL 33483**

7. Name and Address of New Registered Agent

Name **SCANNELL, THOMAS F III**

Street Address (P.O. Box Number is Not Acceptable)

9771 8TH PLACE SOUTH

City **BOYNTON BEACH**

FL

Zip Code

33437

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 **Thomas F. Scannell**

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

(NOTE: Registered Agent signature required when reinstating)

1-14-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SCANNELL, THOMAS**
STREET ADDRESS **3345 OLEANDER WAY**
CITY-ST-ZIP **GULF STREAM FL 33483**

TITLE **MGR** ☒ Delete
NAME **SCANNELL, MARY C**
STREET ADDRESS **3345 OLEANDER WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **MGR** ☒ Change ☐ Addition
NAME **Scannell, Thomas**
STREET ADDRESS **9771 8TH PLACE SOUTH**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

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

TITLE ☐ Change ☐ Addition
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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: **Thomas F. Scannell (Manager)** **1-14-03**

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

Date

Daytime Phone #

CR2E083 (10/02)