FILED
Aug 07, 2003 8:00 am
Secretary of State

02-05-2003 90025 033 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006473

1. Entity Name

FOUR LEGGED FARMS, L.C.

55053551

[redacted]

Principal Place of Business	Mailing Address
13184 SILVER FOX TRAIL PALM BEACH GARDENS FL 33418	13184 SILVER FOX TRAIL PALM BEACH GARDENS FL 33418
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 56-2379088 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRIECO, MARK
GRIECO & SCALERA, PA
3109 45TH ST.
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name Peter L Grieco Jr

Street Address (P.O. Box Number is Not Acceptable) 13184 Silver Fox Trail

City Palm Beach Gardens FL Zip Code 33418

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 Peter L Grieco Jr 7/3/03
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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GRIECO, MARK 13184 SILVER FOX TRAIL PALM BEACH GARDENS FL 33418 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member President Christine Grieco 13184 Silver Fox Trail PBG, FL 33418 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Vice President Peter L Grieco Jr 13184 Silver Fox Trail PBG, FL 33418 ☐ 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

CR2E083 (4/03)

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 REQUIRED P L Grieco Jr 7/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

2/5/2003-90025-033-$50.00-$50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006473

5505355 [redacted]

1. Entity Name
FOUR LEGGED FARMS, L.C.

Principal Place of Business	Mailing Address
13184 SILVER FOX TRAIL PALM BEACH GARDENS FL 33418	13184 SILVER FOX TRAIL PALM BEACH GARDENS FL 33418

[redacted]

☒ CHECK HERE IF MAKING CHANGES

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 56-2379088 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

GRECO, MARK
GRIECO & SCALERA, PA
3109 45TH ST.
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name Peter Grieco
Street Address (P.O. Box Number is Not Acceptable) 13184 Silver Fox Trail
City Palm Beach Gardens FL Zip Code 33418

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 Peter L Grieco Jr 1/26/03
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 (Member)	
TITLE	MGR ☐ Delete	TITLE	Member ☒ Change ☐ Addition
NAME	GRECO, MARK	NAME	Peter Grieco
STREET ADDRESS	13184 SILVER FOX TRAIL	STREET ADDRESS	13184 Silver Fox trail President
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	☐ Delete	TITLE	Member ☐ Change ☒ Addition
NAME		NAME	Christina Grieco
STREET ADDRESS		STREET ADDRESS	13184 Silver Fox trail President
CITY-ST-ZIP		CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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-ZIP	

CR2E080 (10/02)

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 REQUIRED Pete Grieco Member 1/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #