

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.			
Principal Place of Business 13184 SILVER FOX TRAIL PALM BEACH GARDENS FL 33418		Mailing Address 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
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. DATE 7/3/03 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when withdrawing)			
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 ☐ Change ☒ Addition CHRISTINE GRIECO 13184 SILVER FOX TRAIL PBG, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Vice President ☐ Change ☒ Addition Peter L Grieco Jr. 13184 Silver Fox Trail PBG, FL 33418
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
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 PL Grieco Jr. DATE 7/3/03 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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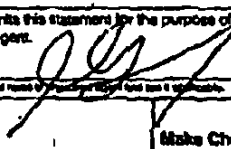
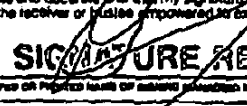
☒ CHECK HERE IF MAKING CHANGES

CR2E083 (4/03)

Attachment

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

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City & State		City & State	
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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 GRIECO Street Address (P.O. Box Number is Not Acceptable): 13184 SILVER FOX TRAIL City: Palm Beach Gardens FL Zip: 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	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS			
TITLE	NAME	TITLE	NAME
NAME	GRIECO, MARK	NAME	Peter Grieco
STREET ADDRESS	13184 SILVER FOX TRAIL	STREET ADDRESS	13184 Silver Fox Trail
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	NAME	TITLE	NAME
NAME		NAME	CHRISTINE GRIECO
STREET ADDRESS		STREET ADDRESS	13184 SILVER FOX TRAIL
CITY-ST-ZIP		CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature and name 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 606, Florida Statutes.			
SIGNATURE: 		PETER GRIECO 1/26/03	

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CHECK HERE IF MAKING CHANGES

GR2003 (10/02)