

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90272 024 ****55.00

0055930

DOCUMENT # L02000007168

1. Entity Name

GRANT GROWERS, LLC



Principal Place of Business

12555 ORANGE DRIVE, SUITE 101
DAVIE FL 33330

Mailing Address

12555 ORANGE DRIVE, SUITE 101
DAVIE FL 33330

2. Principal Place of Business

4275 GRANT ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 290

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

GRAND FL

Zip

32949

Country

USA

City & State

GRANT FL

Zip

32949

Country

USA

4. FEI Number

81-0561451

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, COURTNEY
12555 ORANGE DRIVE, SUITE 101
DAVIE FL 33330

7. Name and Address of New Registered Agent

Name **GARDNER, COURTNEY**
Street Address (P.O. Box Number is Not Acceptable)
4275 Grant Road

City **GRANT**

FL

Zip Code

32949

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

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

TITLE **MGRM** ☐ Delete
NAME **GARDNER, COURTNEY**
STREET ADDRESS **12555 ORANGE DRIVE, SUITE 101**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **MGRM** ☒ Change ☐ Addition
NAME **Gardner, Courtney**
STREET ADDRESS **4275 Grant Road**
CITY-ST-ZIP **Grant, FL 32949**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

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

Date

Daytime Phone #

Courtney Gardner

4.25.03

321-508-2947

CR2E083 (10/02)