LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 JUN 11 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028087

1. Entity Name

GreenPoint Farms, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
104 Breezewood Dr	104 Breezewood Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeBary FL	City & State: DeBary FL
Zip: 32713 Country: USA	Zip: 32713 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 33-3662764 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William Pohl

Street Address (P.O. Box Number is Not Acceptable): 104 Breezewood Dr

City: DeBary **FL** Zip Code: 32713

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 _____ WILLIAM POHL 6/5/03

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	TRUSTPOINT FINANCIAL CORP
STREET ADDRESS	104 BREEZEWOOD DR
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	
NAME	
STREET ADDRESS	
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TITLE	800020776518
NAME	06/11/03--01039--001 **45.00
STREET ADDRESS	
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TITLE	04/29/03 90030 014 $5.00
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CITY-ST-ZIP	

CR2E083B (12/02)

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: _____ PRESIDENT TRUSTPOINT FINANCIAL CORP 6/5/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #