

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-26-2004 90052 033 ***150.00

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DOCUMENT # L03000008959			
1. Entity Name CLEAR CHOICE GREENHOUSES, LLC			
Principal Place of Business 100 STEARN AVENUE PLANT CITY, FL 33563		Mailing Address POST OFFICE BOX 1839 PLANT CITY, FL 33564	
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 01-0772779		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WISHNATZKI, GARY 100 STEARN AVENUE PLANT CITY, FL 33563		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
MANAGER TITLE NAME GARY WISHNATZKI ☐ Delete STREET ADDRESS 16609 MILLAN DE AVILA CITY-ST-ZIP TAMPA, FL 33613		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MANAGER TITLE NAME Allen Williford ☐ Delete STREET ADDRESS 11302 WESTON POINTE DR. #301 CITY-ST-ZIP BRANDON, FL 33511		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition TITLE 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)(f), 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: <i>[Signature]</i>		Date: 4/12/04 813 752 5111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	