2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 05, 2004 8:00 am
Secretary of State
01-23-2004 90120 007 ****50.00

DOCUMENT # L03000009630

1. Entity Name
GROWERS GOOD EARTH LLC

Principal Place of Business	Mailing Address
258 VAN BUREN AVENUE LAKE MARY, FL 32746	258 VAN BUREN AVENUE LAKE MARY, FL 32746

01192004 Chg-LLC CR2E083 (10/03)

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 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PODREZ, JOSEPH J 258 VAN BUREN AVENUE LAKE MARY, FL 32746	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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
Joseph J. Podrez - Owner 258 Van Buren Ave. Lake Mary, FL 32746	☐ ☐
☐	☐ ☐
☐	☐ ☐
☐	☐ ☐
☐	☐ ☐
☐	☐ ☐

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: Joseph J. Podrez 1-19-04 407-302-9486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #