

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028682

FILED
Jul 06, 2007
Secretary of State

Entity Name: GREENFIELD DIVERSIFIED, LLC

Current Principal Place of Business:

520 BREVARD AVE.
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 126
COCOA, FL 329230126

New Mailing Address:

FEI Number: 20-4670267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GREENFIELD, STEPHANIE S
138 TWIN LAKES RD
COCOA, FL 32926 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREENFIELD, STEPHANIE S
Address: 138 S TWIN LAKES RD
City-St-Zip: COCOA, FL 32926 US

Title: MGRM () Delete
Name: GREENFIELD, KYLE
Address: 138 S. TWIN LAKES ROAD
City-St-Zip: COCOA, FL 32926

Title: V () Delete
Name: LEBLEU, JAMES B
Address: 520 BREVARD AVE.
City-St-Zip: COCOA, FL 32922 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHANIE S. GREENFIELD

MGRM

07/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date