

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028682

FILED  
Apr 30, 2008  
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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

MGMR

04/30/2008

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