2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L04000028682

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: KYLE GREENFIELD MGRM 01/22/2009

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