

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L04000032659

1. Entity Name
GREENE INVESTMENTS LLC



Principal Place of Business

**5373 EHRlich RD.
137
TAMPA, FL 33625**

Mailing Address

**5373 EHRlich RD.
137
TAMPA, FL 33625**



04072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1741125

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREENE, KENNETH
10329 WILLOW LEAF TRAIL
TAMPA, FL 33625**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GREENE, KENNETH
STREET ADDRESS	10329 WILLOW LEAF TRAIL
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	MGRM
NAME	TENNY, STEVE
STREET ADDRESS	2901 HAMMOCK WOODS DR
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	MGRM
NAME	MILLER, ELAINE
STREET ADDRESS	16314 RAMBLING VINE DR. W.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000892251
04/23/08-80049-016 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/8/08 813-732-9577

Date

Daytime Phone #