

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90019 040 \*\*\*138.75

**DOCUMENT # L04000087863**

1. Entity Name  
**GREEN THUMB HOLDINGS, LLC**



Principal Place of Business  
**1168 NW 72 STREET  
MIAMI, FL 33127**

Mailing Address  
**1168 NW 72 STREET  
MIAMI, FL 33127**

**50006461**



2. Principal Place of Business - No P.O. Box #  
**5540 NW Miami CT.**  
Suite, Apt. #, etc.

3. Mailing Address  
**5540 NW Miami CT**  
Suite, Apt. #, etc.

05022008 Chg-LLC CR2E083 (12/06)

City & State  
**Miami Florida**  
Zip  
**33127** Country

City & State  
**Miami Florida**  
Zip  
**33127** Country

4. FEI Number  
**20-2023978** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 33311-4132**

**7. Name and Address of New Registered Agent**

Name **Stuart H. Glauser**

Street Address (P.O. Box Number is Not Acceptable)

**14446 West Dixie Highway**

City **Miami** FL Zip Code **33161**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **15/1/08**

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **URIBE, LUIS JAIR**  
CITY-ST-ZIP **1168 NW 27 ST  
MIAMI, FL 33127**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
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NAME ☐ Delete  
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NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5540 NW Miami CT.**  
CITY-ST-ZIP **Miami, Florida 33127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

Date **15/1/08** Daytime Phone # **305-301-0569**