


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000023974 1. Entity Name GREEN'S MARKET, LLC	
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Principal Place of Business 3448 AVE G NW WINTER HAVEN, FL 33880-1834	Mailing Address 3448 AVE G NW WINTER HAVEN, FL 33880-1834
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2463247

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, EDWARD J JR
3448 AVE G NW
WINTER HAVEN, FL 33880-1834**

**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

000000776703
01/09/08-80035-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, EDWARD J JR 3448 AVENUE G NW WINTER HAVEN, FL 338801834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, ERMA J 3448 AVENUE G NW WINTER HAVEN, FL 338801834
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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

Erma J. Green
ERMA J. GREEN

1-5-08

Date

863-299-4798

Daytime Phone #