2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# L05000044552

Entity Name: GREEN SCENTS, LLC

Current Principal Place of Business:

3206 HILLTOP LN
LARGO, FL 33770

New Principal Place of Business:

1430 GULF BLVD. #609
CLEARWATER, FL 33767

Current Mailing Address:

P.O. BOX 41
IRB, FL 33785

New Mailing Address:

1430 GULF BLVD. #609
CLEARWATER, FL 33767

FEI Number: 43-2077464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHICLES, ARIANE
3206 HILLTOP LN
LARGO, FL 33770 US

Name and Address of New Registered Agent:

CHICLES, ARIANE
1430 GULF BLVD. #609
CLEARWATER, FL 33767 US

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: ARIANE CHICLES 04/16/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NOWLING, PENELOPE B
Address: 3206 HILLTOP LN
City-St-Zip: LARGO, FL 33770

Title: MGRM ( ) Delete
Name: CHICLES, ARIANE
Address: 3206 HILLTOP LN
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHICLES, ARIANE B
Address: 1430 GULF BLVD. #609
City-St-Zip: CLEARWATER, FL 33767

Title: MGRM (X) Change ( ) Addition
Name: CHICLES-NOWLING, PENELOPE B
Address: 3206 HILLTOP LN
City-St-Zip: LARGO, FL 33770

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: ARIANE CHICLES MGRM 04/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date