2006 LIMITED LIABILITY COMPANY

Secretary of State ANNUAL REPORT DOCUMENT # L05000071829 02-13-2006 90185 046 ****55.00 1. Entity Name EVERGREENS FARM LLC Principal Place of Business Maiting Address 30004304 21255 SW 312TH ST P.O. BOX 900541 HOMESTEAD, FL 33030 HOMESTEAD, FL 33090 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 7987 <u> 20 - 31</u> Not Applicable Ζiρ Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAMBOUR, SINELL M Street Address (P.O. Box Number is Not Acceptable) 21255 SW 312TH ST HOMESTEAD, FL 33030 City Zip Code 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 Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or potential name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MLE ☐ Delete HILF) Change Addition SAMBOUR, SOVANNA Y MARKE NAME 22 SIBLEY ST STREET ADDRESS STREET ACCRESS PROVIDENCE, RI 02907 CITY-ST-7P CITY-ST-77P MILE (C) Deleta TILE Change ☐ Addition NAME MIE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE Addition ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-ZP TILE ☐ Delete TITLE ☐ Addition Chance | NAME MILE STREET ADDRESS STREET ADDRESS CATY-ST-ZNP CITY-ST-ZIP TITLE Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-57-ZJP MLE III) E ☐ Debete ☐ Change ☐ Addition · NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Sumbur SINELL SAMBOUR, RA Feb 09, 2006 401-286-6676

FILED Mar 23, 2006 8:00 am



February 16, 2006

EVERGREENS FARM LLC P.O. BOX 900541 HOMESTEAD, FL 33090 US

Subject: EVERGREENS FARM LLC

Reference Number:

L05000071829

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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