2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 13, 2008 8:00 am Secretary of State 02-13-2008 90066 001 ***138.75 DOCUMENT # L05000071829 02-13-2008 90066 002 ***138.75 **EVERGREENS FARM LLC** Principal Place of Business Mailing Address 30000482 18 HIGHWOOD TERRACE P.O. BOX 900541 CRANSTON, RI 02920 HOMESTEAD, FL 33090 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 CR2E083 (12/06) Chg-LLC City & State 4. FEI Number Applied For City & State 20-3179877 Not Applicable Zip = Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAMBOUR, SINELL M Street Address (P.O. Box Number is Not Acceptable) 21255 SW 312TH ST HOMESTEAD, FL 33030 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 Florida. I am familiar with, and accept the obligations of registered agent. 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 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR ☐ Addition TITLE Delete TITLE SAMBOUR, SOVANNA Y NAME NAME SOVANNA 1. Sambour 22 SIBLEY ST STREET ADDRESS STREET ADDRESS 8 Highwood Terrace Cranston RE 02920 PROVIDENCE RI 02907 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

215108

305-246-2003

Daytime Phone #

SIGNATURE: Smell Sambour

FILED

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000071829 1. Entity Name EVERGREENS FARM LLC			Attachment
Principal Place of Business 18 HIGHWOOD TERRACE CRANSTON, RI 02920 US	Mailing Address P.O. BOX 900541 HOMESTEAD, FL 3309	90 US	#30000482
2. Principal Place of Business - No P.O. 6	3. Mailing Address		-
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01232008 Chg-LLC CR2E083 (12/06)
City & State	City & State		4. FEI Number Applied For 20-3179877 Not Applicable
Zíp Country	Zip	Country	Certificate of Status Desired
6. Name and Address of	of Current Registered Agent	Name	7. Name and Address of New Registered Agent
SAMBOUR, SINELL M 21255 SW 312TH ST HOMESTEAD, FL 33030			s (P.O. Box Number is Not Acceptable)
HOWESTERD, TE 00000		City	FL Zip Code
The above named entity submits this si the obligations of registered agent.	tatement for the purpose of changing its	s registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURESignature, typed or printed name of re		TE: Registered Agent signature requir	red when reinstating) DATE
FILE NOWIII FEE IS \$138 After May 1, 2008 Fee will be	\$538.75		Make check payable to Florida Department of State
9. MANAGIN	NG MEMBERS/MANAGERS Delete	10.	ADDITIONS/CHANGES Change Addition
NAME SAMBOUR, SOVANNA STREET ADDRESS 22 SIBLEY ST CITY-ST-ZIP PROVIDENCE, RI 029		NAME STREET ADDRESS . CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	The same of the sa
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
SIGNATURE:	ppiled with this filling does not qualify focurate and that my signature shall have or or trustee empowered to execute this		ed in Chapter 119, Florida Statutes. I further certify that the information of made under oath; that I am a managing member or manager of the apter 608, Florida Statutes. 27 / 8 (40) 286 663