

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078905

FILED
Jun 15, 2009
Secretary of State

Entity Name: GREENER DAZE CONSULTING, LLC

Current Principal Place of Business:

10481 SW ACADEMIC WAY
PORT SAINT LUCIE, FL 34987 US

New Principal Place of Business:

5186 SE HARROLD TERRACE
STUART, FL 34997 US

Current Mailing Address:

10481 SW ACADEMIC WAY
PORT SAINT LUCIE, FL 34987 US

New Mailing Address:

5186 SE HARROLD TERRACE
STUART, FL 34997 US

FEI Number: 20-3912448 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, ROBIN D
10481 SW ACADEMIC WAY
PORT SAINT LUCIE, FL 34987 US

Name and Address of New Registered Agent:

BROWN, ROBIN D
5186 SE HARROLD TERRACE
STUART, FL 34997 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: ROBIN D. BROWN

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, ROBIN D
Address: 10481 SW ACADEMIC WAY
City-St-Zip: PORT SAINT LUCIE, FL 34987 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, ROBIN D
Address: 5186 SE HARROLD TERRACE
City-St-Zip: STUART, FL 34997 US

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: ROBIN D. BROWN

PRES

06/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date