2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 01, 2006 8:00 am Secretary of State DOCUMENT # L05000097364 1. Entity Name 05-01-2006 90040 023 ****50.00 GREEN EARTH SUPPLIES, LLC Principal Place of Business Mailing Address 2537 MAITLAND CROSSING WAY 2537 MAITLAND CROSSING WAY SUITE 12-203 ORLANDO FL 32810 **SUITE 12-203** ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address 7416 Cypress Grove ROAD 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For FLORIDA 20-3768356 ORLANDO ORLANDO Not Applicable \$5.00 Additional 5. Certificate of Status Desired UNITED STATE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOAN B Kennedy, KENNEDY, LOAN B Street Address (P.O. Box Number is Not Accept to D Technology PAG 1411 TROVILLION AVE. WINTER PARK FL 32789 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 agents SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM Change Delete TITLE MGRM TITLE ☐ Addition Rogers, william M NAME NAME ROGERS, WILLIAM M 7416 CYPICSS GROVE ROAD STREET ADDRESS 2537 MAITLAND CROSSING WAY, SUITE 12-203 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP ORLANDO FL Delete Change ☐ Addition TITLE TITLE MGRM MGRM DUBOIS, ANTOINE DUBOIS, ANTOINE 7416 cypress 6 Rove ROAD STREET ADDRESS 2537 MAITLAND CROSSING WAY, SUITE 12-203 STREET ADDRESS 32819 CITY-ST-7IP ORLANDO FL 3281-0 CITY-ST-7IP TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change 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 Section 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.

FILED