2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# L05000115740

Entity Name: GREENRIDGE HERBALS, LLC

Current Principal Place of Business:

2520 BENT PINE ST.
MELBOURNE, FL 32935

New Principal Place of Business:

4135 MOURNING DOVE CT
MELBOURNE, FL 32934

Current Mailing Address:

2520 BENT PINE ST.
MELBOURNE, FL 32935

New Mailing Address:

4135 MOURNING DOVE CT
MELBOURNE, FL 32934

FEI Number: 01-0851022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, COLLEEN M
2520 BENT PINE ST.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

MILLER, COLLEEN M
4135 MOURNING DOVE CT
MELBOURNE, FL 32934 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: COLLEEN MILLER 04/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MILLER, COLLEEN M
Address: 2520 BENT PINE ST.
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MILLER, COLLEEN M
Address: 4135 MOURNING DOVE CT
City-St-Zip: MELBOURNE, FL 32934

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: COLLEEN MILLER OWNE 04/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date