


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000116946 1. Entity Name GREEN'S SOIL TESTING, L. L. C.	
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Principal Place of Business 10270 N. E. HIGHWAY 314 SILVER SPRINGS, FL 34488	Mailing Address 10270 N. E. HIGHWAY 314 SILVER SPRINGS, FL 34488
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 84-1710207	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, KRISTOFER J
10270 N. E. HIGHWAY 314
SILVER SPRINGS, FL 34488

**DO NOT WRITE
IN THIS SPACE**

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 Kristofer J. Green DATE 7/5/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 14, 2007**

000000768342
07/12/07-80005-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, KRISTOFER J 10270 N. E. HIGHWAY 314 SILVER SPRINGS, FL 34488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, GERALD W JR. 10270 N. E. HIGHWAY 314 SILVER SPRINGS, FL 34488
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IN THIS SPACE**

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: Kristofer J. Green DATE 7/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #