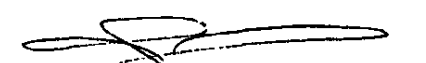


FILED
Feb 19, 2007 8:00 am
Secretary of State

1/3

DOCUMENT # L06000015047				Secretary of State 01-30-2007 90034 043 ****50.00	
1. Entity Name GREEN ACRES OF HAVANA, LLC					
Principal Place of Business 3107 O'BRIEN DRIVE TALLAHASSEE FL 32309		Mailing Address 3107 O'BRIEN DRIVE TALLAHASSEE FL 32309			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4348498	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, WAYNE R 3107 O'BRIEN DRIVE TALLAHASSEE FL 32309				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when removing)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
NAME STREET ADDRESS CITY ST ZIP	MGRM JOHNSON, WAYNE R 3107 O'BRIEN DRIVE TALLAHASSEE FL 32309	☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY ST ZIP		☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY ST ZIP		☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY ST ZIP		☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY ST ZIP		☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY ST ZIP		☐ Delete	NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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.					
SIGNATURE: 			1/22/07 850-556-3919		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: _____		