

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000049210

1. Entity Name
GREENSPACE, LLC



Principal Place of Business
433 OLD MAGNOLIA RD.
CRAWFORDVILLE, FL 32327-6002

Mailing Address
433 OLD MAGNOLIA RD.
CRAWFORDVILLE, FL 32327-6002

FILED

03 DEC -5 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12052008 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number

59-2959334

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETTIJOHN, GEORGETTE C
433 OLD MAGNOLIA RD.
CRAWFORDVILLE, FL 32327-6002

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PETTIJOHN, GEORGETTE C
STREET ADDRESS 433 OLD MAGNOLIA RD.
CITY-ST-ZIP CRAWFORDVILLE, FL 323276002

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700138956057
CITY-ST-ZIP 12/11/08--01024--012 **138.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 2008

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