


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90042 011 ***138.75

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DOCUMENT # L06000063935							
1. Entity Name SWEET GREENS FARMERS MARKET, LLC							
Principal Place of Business 2900 WEST SAMPLE ROAD POMPANO BEACH, FL 33073 US		Mailing Address 2900 WEST SAMPLE ROAD POMPANO BEACH, FL 33073 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01072008 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-5102319 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BLOCK, PAMELA 1681 CLYDESDALE AVE WELLINGTON, FL 33414			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BLOCK, PAMELA	NAME					
STREET ADDRESS	1681 CLYDESDALE AVE	STREET ADDRESS					
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP					
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MCGOWAN, VALERIE	NAME					
STREET ADDRESS	39 STONEY DRIVE	STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	CITY-ST-ZIP					
TITLE	- <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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STREET ADDRESS		STREET ADDRESS					
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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 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: <i>Pamela Block</i> PAMELA BLOCK		Date: 1/10/08		Daytime Phone #: 901-385-2072			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							