2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L06000114294 07-28-2008 90073 045 ***143.75 1. Entity Name ALL THINGS GREEN, LLC Principal Place of Business Mailing Address 2726 6TH AVENUE WEST 60045750 2726 6TH AVENUE WEST BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box,# 3. Mailing Address 1950 950 284 AVE. Dr.W. Suite, Apt. #, etc. 07112008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Bradehton, 74-3195231 bradento Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, DANIELLE R Street Address (P.O. Box Number is Not Acceptable) 2726 6TH AVENUE WEST **BRADENTON, FL 34205** City Zio 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) Make check payable to FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Florida Department of State Due by September 12, 2008 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Addition MGRM ☐ Change TILE □ Delete TITLE WRIGHT, DANIELLE R NAME NAME STREET ADDRESS STREET ADDRESS 2726 6TH AVENUE WEST BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition MGRM ☐ Delete TITLE TITLE WRIGHT, CHRISTOPHER M NAME NAME STREET ADDRESS 2726 6TH AVENUE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34205 ☐ Change ☐ Addition ☐ Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Delete Change Addition TITLE MARE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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, Rorida 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 ceth; that I am a managing member or manager of the limited liability company or the receiver or trustee empoyeed to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: R, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jul 28, 2008 8:00 am