2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L06000117172

Entity Name: GREEN EYED GIRLS, LLC

Current Principal Place of Business:

7370 POINT OF ROCKS ROAD
SARASOTA, FL 34242

New Principal Place of Business:

271 BERMUDA BEACH DRIVE
FORT PIERCE, FL 34949

Current Mailing Address:

7370 POINT OF ROCKS ROAD
SARASOTA, FL 34242

New Mailing Address:

271 BERMUDA BEACH DRIVE
FORT PIERCE, FL 34949

FEI Number: 20-8007336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARMON, TARYN B
7370 POINT OF ROCKS ROAD
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

BROLMANN, LAUREN A
271 BERMUDA BEACH DRIVE
FORT PIERCE, FL 34949 US

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.

SIGNATURE: LAUREN BROLMANN 03/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HARMON, TARYN B
Address: 7370 POINT OF ROCKS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: MGR (X) Delete
Name: BROLMANN, LAUREN ANN
Address: 7370 POINT OF ROCKS ROAD
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BROLMANN, LAUREN A
Address: 271 BERMUDA BEACH DRIVE
City-St-Zip: FORT PIERCE, FL 34949

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAUREN BROLMANN MGR 03/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date