

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-05-2007 90028 049 ***150.00

DOCUMENT # L06000120792 1. Entity Name REINHOLT'S GREENHOUSE, L.L.C.					
Principal Place of Business 1871 NILES ROAD MT. DORA FL 32757			Mailing Address 1871 NILES ROAD MT. DORA FL 32757		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-8047089	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent REINHOLT, DAVID 1871 NILES ROAD MT. DORA FL 32757				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 state if applicable (NOTE: Registered Agent signature required when: 1) resigned)					
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	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM REINHOLT, DAVID 1871 NILES ROAD MT. DORA FL 32757			☐ Delete	
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	TITLE 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: <u>David Reinholt</u> <u>3/27/07</u> <u>352 516 0422</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAYTIME PHONE #					