## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000034921

Entity Name: 3R'S GREEN, LLC

FILED Jan 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

21820 SHAMU DR. 21344 DIAMONTE DR

LAND O LAKES, FL 34639 US LAND O LAKES, FL 34637 US

Current Mailing Address: New Mailing Address:

21820 SHAMU DR. 21344 DIAMONTE DR

LAND O LAKES, FL 34639 US LAND O LAKES, FL 34637 US

FEI Number: 20-2859605 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRAY, JOHN BRAY, JOHN

21820 SHAMU DR. 21344 DIAMONTE DR

LAND O LAKES, FL 34639 US LAND O LAKES, FL 34637 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: 01/17/2009

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

Name:

Title:

Name:

Address:

Address:

City-St-Zip:

MGRM

MGRM

BRAY, JOHN

21344 DIAMONTE DR

BRAY, DEBORAH R

21344 DIAMONTE DR

LAND O LAKES, FL 34637 US

(X) Change ( ) Addition

(X) Change ( ) Addition

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete Name: BRAY, JOHN

Name: BRAY, JOHN Address: 21820 SHAMU DR.

City-St-Zip: LAND O LAKES, FL 34639 US

Title: MGRM () Delete Name: BRAY, DEBORAH R

Address: 21820 SHAMU DR.

City-St-Zip: LAND O LAKES, FL 34639 US City-St-Zip: LAND O LAKES, FL 34637 US

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: JOHN BRAY PRES 01/17/2009