

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90187 013 ***138.75

DOCUMENT # L07000105251

1. Entity Name
GREEN OAK, LLC



Principal Place of Business
2308 SUNRISE KEY BLVD
FORT LAUDERDALE, FL 33304 38

Mailing Address
2308 SUNRISE KEY BLVD
FORT LAUDERDALE, FL 33304

00044143



2. Principal Place of Business No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

04282008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number **26-1265262** Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURCHALLA, JAMES J ESQ.
888 E LAS OLAS BLVD.
SUITE 200
FORT LAUDERDALE, FL 33301

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

Signature of person authorized to file this report (must be a member or manager)

(Print name of person authorized to file this report)

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 MGR ☐ Delete
NAME NICHOLS, ALEX
STREET ADDRESS 2308 SUNRISE KEY BLVD.
CITY-STATE-ZIP FORT LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE MGR ☐ Delete
NAME HOMFELD, NED
STREET ADDRESS 888 E LAS OLAS BLVD.
CITY-STATE-ZIP FORT LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE MGR ☐ Delete
NAME OBERHOLTZER, JODY
STREET ADDRESS 2321 EAST LAS OLAS BLVD.
CITY-STATE-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/08