

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070861

FILED
Apr 23, 2009
Secretary of State

Entity Name: SWEET GREENS FARMERS MARKET NO.2, LLC

Current Principal Place of Business:

1681 CLYDESDALE AVE
WELLINGTON, FL 33414 US

New Principal Place of Business:

39 STONEY DRIVE
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

1681 CLYDESDALE AVE
WELLINGTON, FL 33414 US

New Mailing Address:

39 STONEY DRIVE
PALM BEACH GARDENS, FL 33410 US

FEI Number: 26-3038334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCK, PAMELA
1681 CLYDESDALE AVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

MCGOWAN, TIMOTHY
39 STONEY DRIVE
PALM BEACH GARDENS, FL 33410 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: TIMOTHY MCGOWAN

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLOCK, PAMELA
Address: 1681 CLYDESDALE AVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM (X) Delete
Name: MCGOWAN, VALERIE
Address: 39 STONEY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCGOWAN, TIMOTHY
Address: 39 STONEY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: TIMOTHY MCGOWAN

MGRM

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date