2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L10000021251 1. Entity Name GREENSTAR CONSERVATION USA, LLC 12 MAY 30 PH 2: 03 LUNG HART OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 115 N. BRYAN ROAD 115 N. BRYAN ROAD 2-D 2-D DANIA BEACH, FL 33004 US DANIA BEACH, FL 33004 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 05042012 CR2E083 (12/11) Chg-LLC Applied For 4. FE! Number City & State City & State 27-1808607 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN HOLDINGS USA, LLC Street Address (P.O. Box Number is Not Acceptable) 115 N. BRYAN ROAD DANIA BEACH, FL 33004 City Zip Code FL 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$538.75 Florida Department of State Due by September 28, 2012 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Addition ☐ Change TITLE Delete TITLE GREEN HOLDINGS USA, LLC 800235680848 NAME NAME 115 N. BRYAN ROAD, 2-D STREET ADDRESS STREET ADDRESS 05/30/12--01009--005 **138.75 CITY-ST-ZIP DANIA BEACH, FL 33004 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP MAY 3 0 2012 ☐ Change Addition TITLE Delete TITLE NAME NAME S. PRATHER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. messe 401.com ALEC MESSETWA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE E-MAIL ADDRESS