2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L10000021265 GREEN HOLDINGS USA, LLC 12 MAY 30 PM 2: 04 JULIANY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 115 N. BRYAN ROAD 115 N. BRYAN ROAD 2-0 2-0 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. FEI Number City & State City & State 27-1808573 Not Applicable Zio Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MESSEROFF, ALEC M Street Address (P.O. Box Number is Not Acceptable) 807 SW 119 WAY **DAVIE, FL 33325** Zip Code City 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 egent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$538.75 Due by September 28, 2012 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Addition ☐ Change TITLE ☐ Defete TITLE MYLES HOLDINGS, INC. NAME NAME 800235680928 05/30/12--01009--006 **13 STREET ADDRESS 807 SW 119 WAY STREET ADDRESS **138.75 CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP Change ☐ Addition Delete TITLE 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 ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. messe gol. com ALEC M. MESSCHAFF