

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000084892

Entity Name: GOOD N GREEN LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

854 CONREID DRIVE  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

854 CONREID DRIVE  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number: 45-2764477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

DEPASS, CHRISTOPHER M  
854 CONREID DR  
PORT CHARLOTTE, FLORIDA, FL 33952 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: CHRISTOPHER DEPASS

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DEPASS, DAVID B  
Address: 854 CONREID DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR  
Name: DEPASS, CHRISTOPHER  
Address: 854 CONREID DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S  
Name: DEPASS, DAVID B  
Address: 854 CONREID DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby 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: CHRISTOPHER DEPASS

MR

04/24/2012

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