

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000106028

**Entity Name:** GREENFLOWERS 2, LLC

**FILED**  
**Nov 07, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

10905 ROXANN LANE  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

10905 ROXANN LANE  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLOWERS, TROY  
10905 ROXANN LANE  
JACKSONVILLE, FL 32218 US

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

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: TROY FLOWERS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FLOWERS, TROY  
Address: 10905 ROXANN LANE  
City-St-Zip: JACKSONVILLE, FL 32218 US

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: TROY FLOWERS

MGR

11/07/2013

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