

~~X Amended X~~
**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT # L98000000661

1. Entity Name

Greenfield Commons, L.L.C.

02 JUN -4 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

600005695656--2
-06/07/02--01008--001
*****50.00 *****50.00

2. Principal Place of Business

1025 Commons Circle

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

4. FEI Number

593511130

Applied For

Not Applicable

Zip

34119

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gerald Malamphy

Street Address (P.O. Box Number is Not Acceptable)

4255 Gulf Shore Blvd. N. # 1103

City

Naples

FL

Zip Code

34103

8. The named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Anthony H. Salce, Jr.
4255 Gulf Shore Blvd. N. #1103
Naples, FL 34103

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

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

5-20-02

Date

Daytime Phone #

CR2E083B (12/01)