

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90455 004 ****50.00

DOCUMENT # L 99 000001559

1. Entity Name

GREENHOUSE PRODUCE, L.C. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1725 KAPOK Street

Suite, Apt. #, etc.

3. Mailing Address

1101 5th Ave South

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34117

Country

USA

Zip

34102

Country

4. FEI Number

65-0918675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LADEMAN, CARRIE E ESQ

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

90 Woodward Pines + Lombardo PA

801 Laurel Oak DR. # 710

City

Naples

FL

Zip Code

34108

**DO NOT WRITE
IN THIS SPACE**

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.

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	MGRM Nelles, Manfred 1522 Northgate DR Naples, FL 34105	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Blumert, Michael 1101 5th Ave S. Naples, FL 34102	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

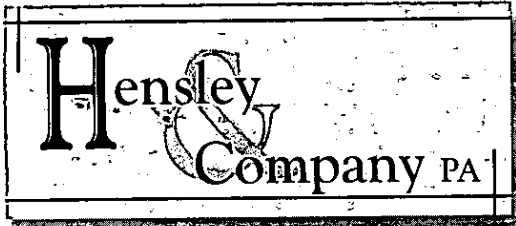
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-30-02

CR2E083B (12/01)



Attachment
9/6/19 CPA

The CPA. Never Underestimate The Value.[®]
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Certified Public Accountants

April 30.2002

- Business & Personal Tax & Accounting
- Mortgages- Residential, SBA, Commercial

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: GREENHOUSE PRODUCE LC.

1101 5TH Ave South
Naples, FL 34102

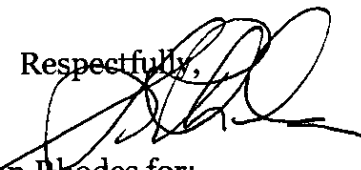
FEI: 65-0918675
DOC. # L99000001559

Dear Sirs:

Please find my client's Uniform Business Report and check for \$50.00. The original report was not received. Please waive penalty, as GREENHOUSE PRODUCE LC. Has been prompt in the past.

Thank you,

Respectfully,


Susan Rhodes for:
Hensley & Company, PA