

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

5/12/01

05-12-2003 90088 008 ****50.00

DOCUMENT # L99000005417

1. Entity Name

GREEN EARTH GARDENS, L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1350 Wheeler Rd.

Suite, Apt. #, etc.

ste A

City & State

Apopka, FL

Zip

32704

Country

ORANGE

3. Mailing Address

P.O. Box 2147

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32704

Country

ORANGE

4. FEI Number

59-3596769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RAIPH FAIRCHILD JR.

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

1257 EMMAL PARKWAY

City

Apopka

FL

Zip Code

32704

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 agent acceptable)

5/6/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
RAIPH FAIRCHILD JR.
1257 EMMAL PARKWAY
APOPKA FL 32712

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)

5/6/03

Date

407-856-8088

Daytime Phone

CR2E083B (12/02)