

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0028331 AF

DOCUMENT # M99000000257

1. Entity Name

GREENLEAF ACQUISITIONS, LLC

01 MAY -1 PM 6:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

835 MASON, SUITE 135
DEARBORN MI 48126

Mailing Address

835 MASON, SUITE 135
DEARBORN MI 48126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3454720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

3000004275089-4
-05/21/01--01193--025
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME THAYER, DIXON
STREET ADDRESS 835 MASON, SUITE 135
CITY-ST-ZIP DEARBORN MI 48126

TITLE MANAGER ☐ Change ☒ Addition
NAME HENRY MCMALE
STREET ADDRESS 835 MASON, SUITE 135
CITY-ST-ZIP DEARBORN, MI 48126

TITLE MGR ☒ Delete
NAME MONTGOMERY, DAVID
STREET ADDRESS 835 MASON, SUITE 135
CITY-ST-ZIP DEARBORN MI 48126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SAFFER, MARTIN
STREET ADDRESS 835 MASON, SUITE 135
CITY-ST-ZIP DEARBORN MI 48126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME TARPLEY, SUSAN
STREET ADDRESS 835 MASON, SUITE 135
CITY-ST-ZIP DEARBORN MI 48126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Henry P. McMaile

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

Date

Daytime Phone #

CP2E083 (11/00)