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

DOCUMENT # M99000000257

1. Entity Name

GREENLEAF ACQUISITIONS, LLC



FILED

03 JUN -2 PH 1:30

SECAETARY OF STATE TALLAHASSEE, FLORIDA

	DO	NOT	WRITE	IN THIS	SPACE
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2. Principal Place of Business 835 Mason	3. Mailing Address 835 Mason
Suite, Apt. #, etc.	Suite, Apt. #, etc.
_Suite_135	Suite 135
City & State	City & State
Dearborn, MI	Dearborn, MI
Zip Country	Zip Country
48126 USA	48126 USA

DO NOT WRITE IN THIS SPACE

383454720 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

	7.	Name an	d Address	of Curre	nt Registered	Agent
Name						
ርጥ ሮ/		ation	VC TO A + A			

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

4. FEI Number

1200 South Pine Island Road

Zip Code 33324

Applied For

8. The above named entity submits this statement for the purpose of changing (sampled by the deed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SPECIAL ASSISTANT SECRETARY**

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	MGR Kevin G. Cramton 835 Mason, Ste. 135 Dearborn, MI 48126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/10/36-0000-0000 06/10/0000-00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dominic DiMarco 48126 835 Mason, Ste. 135 Dearborn MI	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000020 696070 06/10/0301002002 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/Pres./CEO Susan J. Tarpley 835 Mason, Ste. 135 Dearborn, MI 48126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Steven W. Perkins 835 Mason, Ste. 135 Dearborn, MI 48126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas/CFO Todd S. Olsen 835; Mason, Ste. 135 Dearborn, MI 48126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Actg. General Counsel Ronald E. Whitney 835 Mason, Ste. 135 Dearborn, MI 48126	TITLE 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 minited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE