

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106806

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: GREATLAND, LLC

**Current Principal Place of Business:**

9655 BLANDFORD RD  
ORLANDO, FL 32827

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 410  
WINTER PARK, FL 32790

**New Mailing Address:**

9655 BLANDFORD RD  
ORLANDO, FL 32827

FEI Number: 20-3727898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STANCHINA, WARREN  
9655 BLANDFORD RD  
ORLANDO, FL 32827 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STANCHINA, WARREN  
Address: PO BOX 410  
City-St-Zip: WINTER PARK, FL 32790

Title: MGR ( ) Delete  
Name: STANCHINA, MARY LYNN  
Address: PO BOX 410  
City-St-Zip: WINTER PARK, FL 32790

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STANCHINA, WARREN  
Address: 9655 BLANDFORD RD  
City-St-Zip: ORLANDO, FL 32827

Title: MGR (X) Change ( ) Addition  
Name: STANCHINA, MARY LYNN  
Address: 9655 BLANDFORD RD  
City-St-Zip: ORLANDO, FL 32827

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAREN SKELTON

BKPR

03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date