

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091208

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** GREENLAND COMMERCE, LLC

**Current Principal Place of Business:**

12412 SAN JOSE BOULEVARD, SUITE 404  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

12412 SAN JOSE BOULEVARD, SUITE 404  
SUITE 404  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

12412 SAN JOSE BOULEVARD, SUITE 404  
JACKSONVILLE, FL 32223

**New Mailing Address:**

12412 SAN JOSE BOULEVARD, SUITE 404  
SUITE 404  
JACKSONVILLE, FL 32223

FEI Number: 20-5564228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARCROW, H. CHARLES JR.  
12412 SAN JOSE BOULEVARD, SUITE 404  
JACKSONVILLE, FL 32223 US

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

HARCROW, H. CHARLES JR.  
12412 SAN JOSE BOULEVARD, SUITE 404  
SUITE 404  
JACKSONVILLE, FL 32223 US

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: \_\_\_\_\_

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NEWCOM DEVELOPMENT, LLC  
Address: 12412 SAN JOSE BOULEVARD, SUITE 404  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: H C HARCROW

MGR

04/15/2009

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