

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90026 001 ****55.00

DOCUMENT # L01000000411

1. Entity Name

GREENTRUST, LLC



Principal Place of Business

**3909 NEWBERRY RD., SUITE A
GAINESVILLE FL 32607**

Mailing Address

**3909 NEWBERRY RD., SUITE A
GAINESVILLE FL 32607**

2. Principal Place of Business

3. Mailing Address

13743 LAKESIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLARKSVILLE, MD

Zip

Country

Zip

Country

21029

USA

4. FEI Number **59-3732266**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, JEFFREY S
3909 NEWBERRY RD., SUITE A
GAINESVILLE FL 32607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JEFFREY S. NELSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **BRATZEL, WENDY PRINC M**
STREET ADDRESS **13743 LAKESIDE DRIVE**
CITY-ST-ZIP **CLARKSVILLE MD 21029**

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

TITLE **MGRM** ☐ Delete
NAME **COWAN, ERROL PRINC M**
STREET ADDRESS **PO BOX 437**
CITY-ST-ZIP **OLGA WA 98279**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **X**

SIGNATURE REQUIRED

WENDY BAATZEL

1/27/03

301-864-9540

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

Date

Daytime Phone #

CR2E083 (10/02)