

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L04000021375

1. Entity Name
GREEN FLASH INVESTMENTS, LLC



Principal Place of Business
**1411 MOYLAN RD.
PANAMA CITY BEACH, FL 32407**

Mailing Address
**1411 MOYLAN RD.
PANAMA CITY BEACH, FL 32407**



02252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0990536

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUAVE, GERALD J JR
1411 MOYLAN RD.
PANAMA CITY BEACH, FL 32407**

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/1/08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
QUAVE, GERALD J JR
1411 MOYLAN RD.
PANAMA CITY BEACH, FL 32407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
QUAVE, JEAN ANN
1411 MOYLAN RD.
PANAMA CITY BEACH, FL 32407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BURNHAM, WESLEY L
11212 FRONT BEACH RD
PANAMA CITY BEACH, FL 32407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000850248
03/21/08-80056-015 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

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

3/1/08

Date

Daytime Phone #