

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047476

FILED
Feb 19, 2009
Secretary of State

Entity Name: GREEN FAMILY INVESTMENT COMPANY, LLC

Current Principal Place of Business:

121 E. LEASURE AVE.
NEW CASTLE, PA 16101

New Principal Place of Business:

Current Mailing Address:

121 E. LEASURE AVE.
NEW CASTLE, PA 16101

New Mailing Address:

FEI Number: 20-1301475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARFEL, TIMOTHY J
2015 CENTRE POINTE BLVD.
SUITE 105
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

WARFEL, TIMOTHY J R.A.
2015 CENTRE POINTE BLVD.
SUITE 105
TALLAHASSEE, FL 32308 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: MARK GREEN

02/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREEN, MARK A
Address: 121 E. LEASURE AVE.
City-St-Zip: NEW CASTLE, PA 16101

Title: MGRM () Delete
Name: GREEN, JR, JAMES A
Address: 196 NORTH ROAD
City-St-Zip: BUTLER, PA 16001

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GREEN, MARK A
Address: 121 E. LEASURE AVE.
City-St-Zip: NEW CASTLE, PA 16101 US

Title: MGRM (X) Change () Addition
Name: GREEN, JR, JAMES A
Address: 4119 WLM. FLYNN HWY
City-St-Zip: FORESTVILLE, PA 16035 US

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: MARK A GREEN

MGRM

02/19/2009

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