

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046256

FILED
Jul 16, 2007
Secretary of State

Entity Name: GREEN INSURANCE AND FINANCIAL SERVICES, LLC

Current Principal Place of Business:

111 2ND AVE. NE
SUITE 200
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

555 - 5TH AVENUE NE
UNIT 532
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-2802566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GREEN, DONALD J
555 - 5TH AVENUE NE
UNIT 532
ST. PETERSBURG, FL 33701 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: MGRM () Delete
Name: GREEN, DONALD J
Address: 555 - 5TH AVENUE NE, #532
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGR () Delete
Name: GREEN, PATRICIA W
Address: 555 - 5TH AVENUE NE, #532
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

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

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: DONALD J. GREEN

MGRM

07/16/2007

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