

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000053071

1. Entity Name  
GREENWEBSON LLC



**FILED**  
**Aug 06, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
C/O ALARON TRADING  
822 W. WASHINGTON BLVD.  
CHICAGO, IL 60607

Mailing Address  
C/O ALARON TRADING  
822 W. WASHINGTON BLVD.  
CHICAGO, IL 60607



07142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME GREENBERG, STEVEN  
STREET ADDRESS 822 W. WASHINGTON BLVD.  
CITY-ST-ZIP CHICAGO, IL 60607

TITLE MGR  
NAME WEBER, GARY  
STREET ADDRESS 822 W. WASHINGTON BLVD.  
CITY-ST-ZIP CHICAGO, IL 60607

TITLE MGR  
NAME GREENBERG, CARRIE  
STREET ADDRESS 822 W. WASHINGTON BLVD.  
CITY-ST-ZIP CHICAGO, IL 60607

TITLE MGR  
NAME ISAACSON, BARRY  
STREET ADDRESS 822 W. WASHINGTON BLVD.  
CITY-ST-ZIP CHICAGO, IL 60607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000957209  
08/06/08-80003-028 138.75

**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 a receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

7/14/08

Date

312.543.8009

Daytime Phone #