

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112977

**FILED**  
**Mar 15, 2009**  
**Secretary of State**

**Entity Name:** GREENLAND CARRIAGE SERVICE LLC

**Current Principal Place of Business:**

35817 TRIBAL DANCE PATH  
ZEPHYRHILLS, FL 33541 US

**New Principal Place of Business:**

**Current Mailing Address:**

35817 TRIBAL DANCE PATH  
ZEPHYRHILLS, FL 33541 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GOODWIN, GARY D  
35817 TRIBAL DANCE PATH  
ZEPHYRHILLS, FL 33541 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: MGR ( ) Delete  
Name: GOODWIN, GARY D  
Address: 35817 TRIBAL DANCE PATH  
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: MGR ( ) Delete  
Name: GOODWIN, LORI M  
Address: 35817 TRIBAL DANCE PATH  
City-St-Zip: ZEPHYRHILLS, FL 33541 US

**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: GARY D. GOODWIN

MGR

03/15/2009

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