

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057371

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: GREEN RIVER INTERNATIONAL, LLC

**Current Principal Place of Business:**

P.O. BOX 701402  
ST. CLOUD, FL 34770

**New Principal Place of Business:**

2005 MURCOTT DRIVE  
UNIT G  
ST. CLOUD, FL 34771

**Current Mailing Address:**

P.O. BOX 701402  
ST. CLOUD, FL 34770

**New Mailing Address:**

FEI Number: 14-1965116      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRASON, CRAIG M  
1900 GRIFF WOOD COURT  
ST. CLOUD, FL 34772 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: GRASON, CRAIG M  
Address: P. O. BOX 701402  
City-St-Zip: ST. CLOUD, FL 34770

Title: MGRM ( ) Delete  
Name: GRASON, JENNIFER D  
Address: P.O. BOX 701402  
City-St-Zip: ST. CLOUD, FL 34770

**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: CRAIG M GRASON

MGR

04/15/2009

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