


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000078835	
1. Entity Name GREEN TEAM SOLUTIONS, L.L.C.	

FILED
Aug 18, 2008 08:00 AM
Secretary of State

Principal Place of Business 15630 MEADOW WOOD DRIVE WELLINGTON, FL 33414 US	Mailing Address 15630 MEADOW WOOD DRIVE WELLINGTON, FL 33414 US
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07082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1807446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOET, FRANKLIN D
2453 COUNTRY GULF DRIVE
WELLINGTON, FL 33414

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIMBOURG, LUC 15630 MEADOW WOOD DRIVE WELLINGTON, FL 33414
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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 the 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

08/14/08 561-337-0655
Date Daytime Phone #