

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102363

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: XTREME GREEN, LLC

**Current Principal Place of Business:**

5105 DEER RUN DRIVE  
FORT PIERCE, FL 34951 US

**New Principal Place of Business:**

**Current Mailing Address:**

POBX 651366  
VERO BEACH, FL 32965

**New Mailing Address:**

FEI Number: 32-0218232      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ATKINSON, ALISA  
5105 DEER RUN DRIVE  
FT PIERCE, FL 34951 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: ATKINSON, ALISA  
Address: 5105 DEER RUN DRIVE  
City-St-Zip: FT PIERCE, FL 34951

Title: MGRM ( ) Delete  
Name: SHELTRA, KAREN  
Address: 7500 SPRING HAVEN ESTATES  
City-St-Zip: INDIAN TOWN, FL 34956

Title: MGRM ( ) Delete  
Name: ATKINSON, THOMAS E  
Address: 5105 DEER RUN DR  
City-St-Zip: FORT PIERCE, FL 34951

Title: MGRM ( ) Delete  
Name: SHETRA, RAY  
Address: 7800 SPRING HAVEN ESTATES  
City-St-Zip: INDIANTOWN, FL 34956

**ADDITIONS/CHANGES:**

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

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

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: THOMAS E. ATKINSON

MGRM

04/16/2009

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