

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026512

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** AMINOGREEN LLC

**Current Principal Place of Business:**

107 AUCILA ROAD  
COCOA BEACH, FL 32931 US

**New Principal Place of Business:**

2023 NORTH ATLANTIC AVE.  
SUITE 273  
COCOA BEACH, FL 32931 US

**Current Mailing Address:**

107 AUCILA ROAD  
COCOA BEACH, FL 32931 US

**New Mailing Address:**

2023 NORTH ATLANTIC AVE.  
SUITE 273  
COCOA BEACH, FL 32931 US

**FEI Number:** 26-2328364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 US

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 US

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: DAVID N. WILLIAMS

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOTT, ROBERT  
Address: 107 AUCILA ROAD  
City-St-Zip: COCOA BEACH, FL 32931 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. (X) Change ( ) Addition  
Name: MOTT, ROBERT  
Address: 2023 NORTH ATLANTIC AVE., SUITE 273  
City-St-Zip: COCOA BEACH, FL 32931 US

Title: MRS. ( ) Change (X) Addition  
Name: MOTT, KAREN  
Address: 2023 NORTH ATLANTIC AVE., SUITE 273  
City-St-Zip: COCOA BEACH, FL 32931 US

Title: MR. ( ) Change (X) Addition  
Name: BOSSERT, KARL  
Address: 2023 NORHT ATTANTIC AVE., SUITE 273  
City-St-Zip: COCOA BEACH, FL 32931 US

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: ROBERT A. MOTT

MGR

04/30/2009

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