

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090274

Entity Name: DWELLGREEN, LLC

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

3512 S OSPREY AVENUE UNIT "C"  
SARASOTA, FL 34239

**New Principal Place of Business:**

3512 S OSPREY AVENUE UNIT  
SARASOTA, FL 34239

**Current Mailing Address:**

3512 S OSPREY AVENUE UNIT "C"  
SARASOTA, FL 34239

**New Mailing Address:**

3512 S OSPREY AVENUE UNIT  
SARASOTA, FL 34239

FEI Number: 26-3439606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ELLIS, STEVE  
3512 S OSPREY AVENUE UNIT "C"  
SARASOTA, FL 34239 US

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

ELLIS, STEVE  
3512 S OSPREY AVENUE UNIT  
SARASOTA, FL 34239 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:

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DWELL GREEN, INC.  
Address: 401 DONA DRIVE  
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM ( ) Delete  
Name: MY GREEN BUILDINGS, LLC.  
Address: 3512 S OSPREY AVENUE UNIT  
City-St-Zip: SARASOTA, FL 34239

**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: STEVE ELLIS

MGRM

04/16/2009

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