

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098965

FILED
May 01, 2009
Secretary of State

Entity Name: GREENTURF SOLUTIONS, LLC

Current Principal Place of Business:

175C CUMBERLAND PARK DRIVE
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

175C CUMBERLAND PARK DRIVE
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 26-3581626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

DALE, AARON J MEMBER
175 C CUMBERLAND PARK DRIVE
#106
SAINT AUGUSTINE, FL 32095 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: AARON J DALE

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FAMMARTINO, LOUIS KEITH
Address: 175C CUMBERLAND PARK DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGRM () Delete
Name: DALE, AARON
Address: 175C CUMBERLAND PARK DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGRM () Delete
Name: WEITZ, GREG T
Address: 175C CUMBERLAND PARK DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32095

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:

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: AARON J DALE

MEM

05/01/2009

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