

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000027723

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** GREEN COLLAR SOLUTIONS, LLC

**Current Principal Place of Business:**

2293 NW 16TH TERRACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

2293 NW 16TH TERRACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 26-4516587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CAMPBELL, BEN  
2293 NW 16TH TERRACE  
GAINESVILLE, FL 32605 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:** MGR  
**Name:** WHELAN, JAMES B JR.  
**Address:** 4481 FOXCROFT DR.  
**City-St-Zip:** TALLAHASSEE, FL 32309

**Title:** MGR  
**Name:** BEN, CAMPBELL  
**Address:** 2293 NW 16TH TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** MGR  
**Name:** DIPIETRO, JOSEPH  
**Address:** 701 SW 62ND BLVD APT W163  
**City-St-Zip:** GAINESVILLE, FL 32607

**Title:** MGR  
**Name:** RIDDELL, ROLAND  
**Address:** 17 NW 36TH DR  
**City-St-Zip:** GAINESVILLE, FL 32607

**Title:** MGR  
**Name:** BOWMAN, THEODORE  
**Address:** 1403 NE 20TH  
**City-St-Zip:** GAINESVILLE, FL 32609

I hereby 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:** JAMES B WHELAN, JR.

MGR

04/29/2010

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