

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000066600

FILED
Mar 23, 2010
Secretary of State

Entity Name: GREEN CHEM HOLDINGS, LLC

Current Principal Place of Business:

9995 GATE PARKWAY N., SUITE 400
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9995 GATE PARKWAY N., SUITE 400
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 27-0623174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNN, DANIEL B JR.
50 N. LAURA STREET, STE. 2800
JACKSONVILLE, FL 32202 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
Name: FOSTER, DENNIS A
Address: 9995 GATE PARKWAY N., SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM
Name: KAVALEROS, LISA M
Address: 9995 GATE PARKWAY N., SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM
Name: FRENKEL, RAISSA M
Address: 9995 GATE PARKWAY N., SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM
Name: CHATTIN, WILLIAM E
Address: 9995 GATE PARKWAY N., SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM
Name: SISSLEMANN, STEVEN M
Address: 9995 GATE PARKWAY N., SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM
Name: KAVALEROS, THEODOROS I
Address: 9995 GATE PARKWAY N., SUITE 400
City-St-Zip: JACKSONVILLE, FL 32246

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: DENNIS A. FOSTER

MGRM

03/23/2010

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