

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000117680

FILED
Mar 02, 2012
Secretary of State

Entity Name: GREEN CHEM SECOND EDITION, LLC

Current Principal Place of Business:

9995 GATE PARKWAY NORTH, SUITE 400
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9995 GATE PARKWAY NORTH, SUITE 400
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 27-3916271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUNN, DANIEL B JR., ESQ
50 NORTH LAURA STREET, SUITE 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: FRENKEL, RAISSA M
Address: 9934 CHELSEA LAKE ROAD
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM
Name: SISSELMAN, STEVEN M
Address: 24 CEDAR SPRINGS LANE
City-St-Zip: NEEDHAM, MA 02492

Title: MGRM
Name: KAVALIEROS, THEODOROS I
Address: 11585 MANDARIN COVE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM
Name: KAVALIEROS, LISA M
Address: 8102 SABAL OAK LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM
Name: CHATTIN, WILLIAM E
Address: 560 CLIFTON ROAD
City-St-Zip: CRESCENT CITY, FL 32212

Title: MGRM
Name: THE DIMITRI KAVALIEROS TRUST
Address: 8725 HAMPSHIRE GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

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: LISA M. KAVALIEROS

MGRM

03/02/2012

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