

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90071 031 ****50.00

DOCUMENT # L98000001839

1. Entity Name

GREENWOODS & ROSSI, LLC

Principal Place of Business

**340A BROOKS STREET
 FORT WALTON BEACH FL 32548**

Mailing Address

**340A BROOKS STREET
 FORT WALTON BEACH FL 32548**

837371

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired-

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HELMICH, KEVIN M ESQ
 155 CRYSTAL BEACH DRIVE
 SUITE 108
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

Alexandra Brown

Street Address (P.O. Box Number is Not Acceptable)

66 Indigo Loop South

City

Destin

FL

Zip Code

32550

8. 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

Alexandra Brown
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
 NAME **ROSSI, DANIEL P**
 STREET ADDRESS **340A BROOKS STREET**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **MGR** ☒ Delete
 NAME **GREENWOOD, ALECK T**
 STREET ADDRESS **1340 MIRACLE STRIP PARKWAY**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Rossi, Daniel P.**
 STREET ADDRESS **344 Brooks St.**
 CITY-ST-ZIP **Ft. Walton Beach FL 32548**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **Sula S. Green wood**
 STREET ADDRESS **1340 Miracle Strip Pkwy.**
 CITY-ST-ZIP **Ft. Walton Beach FL 32548**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Daniel P. Rossi
DANIEL P ROSSI

1-9-02

(850) 243-1966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)