

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90023 011 \*\*\*\*55.00

**DOCUMENT # M02000002262**

1. Entity Name

**GREENSTREET FINANCIAL SERVICES, LLC**



Principal Place of Business

**5309-6 RANDOLPH ROAD  
ROCKVILLE MD 20852**

Mailing Address

**5309-6 RANDOLPH ROAD  
ROCKVILLE MD 20852**

2. Principal Place of Business

**PO Box 151571**

3. Mailing Address

**PO Box 151571**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CHEVY CHASE, Md**

City & State

**CHEVY CHASE, Md**

Zip

Country

**20825-1511 USA**

Zip

Country

**20825-1511 USA**

4. FEI Number

**52-2334628**

Applied For

Not Applicable

5. Certificate of Status Desired

**X \$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBICHAUD, JOHN P  
6570 BEACH RESORT DRIVE, #10  
NAPLES FL 34114**

7. Name and Address of New Registered Agent

Name **John P. Robichaud**

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

**832 BELVILLE BLVD**

City **NAPLES**

FL

Zip Code **34104**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **HENDERSON, PATRICK**  
STREET ADDRESS **5309-6 RANDOLPH ROAD**  
CITY-ST-ZIP **ROCKVILLE MD 20852**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**Patrick Henderson**

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

Date

Daytime Phone #

**Feb 18, 2003 306543085**

CR2E083 (10/02)