

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000066600

**FILED**  
**Mar 09, 2016**  
**Secretary of State**  
**CC6259583535**

**Entity Name:** GREEN CHEM HOLDINGS, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 27-0623174**

**Certificate of Status Desired: No**

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

NUNN, DANIEL BJR.  
50 N. LAURA STREET, STE. 2800  
JACKSONVILLE, FL 32202 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name FOSTER, DENNIS A  
Address 9995 GATE PARKWAY N., SUITE 400  
City-State-Zip: JACKSONVILLE FL 32246

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

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

Title MGRM  
Name CHATTIN, BELINDA S  
Address 560 CLIFTON ROAD  
City-State-Zip: CRESCENT CITY FL 32212

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

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LISA KAVALIEROS**

**MGRM**

**03/09/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date