| SUITE 2<br>BOCA RATON, FL 33487 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:                    | JAMES J O'SULLIVAN                       |                 | 04,                            |  |
|  |                               | Electronic Signature of Registered Agent |                 |                                |  |
|  | Authorized Person(s) Detail : |  |                 |                                |  |
|  | Title                         | MGRM                                     | Title           | MGRM                           |  |
|  | Name                          | MADMAX ENTERPRISES, LLC                  | Name            | LEXINGTON WHOLESALE, LLC       |  |
|  | Address                       | 9510 GRAND ESTATES WAY                   | Address         | 411 N. NEW RIVER DRIVE E. APT. |  |
|  | City-State-Zip: E             | BOCA RATON FL 33496                      |                 | 2103                           |  |
|  |                               |  | City-State-Zip: | FORT LAUDERDALE FL 33301       |  |
|  | Title                         | MGRM                                     |                 |                                |  |
|  | Name                          | JAM WHOLESALE, LLC                       |                 |                                |  |

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.

MGRM

SIGNATURE: JAM WHOLESALE

Electronic Signature of Signing Authorized Person(s) Detail

04/22/2015

Date

## FILED Apr 22, 2015 Secretary of State CC4794986475

04/22/2015 Date

Certificate of Status Desired: No

# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000093096

Entity Name: GREENLAND STORES, LLC

## **Current Principal Place of Business:**

2000 N. FEDERAL HIGHWAY DELRAY BEACH. FL 33483

#### **Current Mailing Address:**

2000 N. FEDERAL HIGHWAY DELRAY BEACH. FL 33483

### FEI Number: 27-3411870

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

**1221 CHENILLE CIRCLE** 

City-State-Zip: WESTON FL 33327

O'SULLIVAN, JAMES J 1160 SOUTH ROGERS CIRCLE SUITE BOCA

Address