

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000014106

1. Entity Name
GLADE HOLDINGS, LLC



Principal Place of Business
**511 SYLVAN DRIVE
ORLANDO, FL 32789**

Mailing Address
**511 SYLVAN DRIVE
ORLANDO, FL 32789**



04152006 No Chg-LLC

CR2E083 (11/05)

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

**FLICK, JAMES J
112 LAKE AVENUE
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
OTEGBEYE, AYODEJI B
511 SYLVAN DRIVE
ORLANDO, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
OTEGBEYE, GLADYS N
511 SYLVAN DRIVE
ORLANDO, FL 32789**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000534336
05/08/06-80009-001 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

04-20-2006 (407) 398-6477

Date

Daytime Phone #