

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123117

Entity Name: GLASSE BEACON LLC

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

1111 SW 84 TERRACE  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

1111 SW 84 TERRACE  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

FEI Number: 20-8121274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLASSE, NADINE  
17425 N.W. 67TH PLACE UNIT P  
MIAMI, FL 33015 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GLASSE, NADINE  
Address: 1111 SW 84 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGR ( ) Delete  
Name: GLASSE, SHIRLEY  
Address: 450 S.W. 198TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete  
Name: GLASSE, CORDELL  
Address: 450 S.W. 198TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete  
Name: GLASSE, GARY  
Address: 111 SW 84 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33025

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GARY GLASSE

MGR

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date