

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000082132

**Entity Name:** GLOW FIXTURES LLC

**Current Principal Place of Business:**

4949 MARBRISA DRIVE  
APT 1004  
TAMPA, FL 33624

**Current Mailing Address:**

4949 MARBRISA DRIVE  
APT 1004  
TAMPA, FL 33624 US

**FEI Number:** 82-5081408

**Certificate of Status Desired:** No

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

SAINT-VIL, JACOBSON  
4949 MARBRISA DRIVE  
APT 1004  
TAMPA, FL 33624 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	MGR	Title	MGR
Name	SAINT-VIL, JACOBSON	Name	SAINT-VIL, LEILA
Address	4949 MARBRISA DRIVE APT 1004	Address	4949 MARBRISA DRIVE APT 1004
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624

*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:** JACOBSON SAINT-VIL

**MGR**

**03/14/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date