

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000151277

**Entity Name:** GLENWOOD C. MARTIN LLC**Current Principal Place of Business:**8901 NW 9 AVE  
MIAMI, FL 33150**Current Mailing Address:**8901 NW 9 AVE  
MIAMI, FL 33150 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELFORT, LAQUOYA T  
8901 NW 9 AV  
MIAMI, FL 33150 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
Name	MARTIN, VICKIE
Address	790 W 23 ST
City-State-Zip:	HIALEAH FL 33010

Title	AR
Name	JOHNSON, GLENNEKA T
Address	790 W 23 ST
City-State-Zip:	HIALEAH FL 33150

Title	AR
Name	PENCHION, TRAKYA L
Address	2245 W 4 CT
City-State-Zip:	HIALEAH FL 33150

Title	AR
Name	MARTIN, GLORYA D
Address	790 W 23 ST
City-State-Zip:	HIALEAH FL 33010

Title	MANAGER
Name	BELFORT, LAQUOYA T
Address	8901 NW 9 AVE
City-State-Zip:	MIAMI FL 33150

*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:** LAQUOYA BELFORT

MANAGER

05/01/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date