

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002992

1. Entity Name
GLASS4LESS, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -5 PM 1:45

Principal Place of Business
7380 PHILIPS HIGHWAY, SUITE 402
JACKSONVILLE, FL 32256

Mailing Address
PO BOX 15848
LITTLE ROCK, AR 72231



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
7380 Philips Highway
Suite, Apt. #, etc.
Suite 402
City & State
Jacksonville, FL
Zip Country
32256 USA

03212003 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3634410
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BOULEVARD
SUITE 505
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOCKELBERG, CRAIG C
STREET ADDRESS 7380 PHILIPS HWY, SUITE 402
CITY-ST-ZIP JACKSONVILLE, FL 32256 ☐ Delete

TITLE MGR
NAME BRIGHT, MYLA L
STREET ADDRESS 7380 PHILIPS HWY, SUITE 402
CITY-ST-ZIP JACKSONVILLE, FL 32256 ☐ Delete

TITLE MGR
NAME SMOTRILLA, JOHN
STREET ADDRESS 4119 RICHARDS ROAD, SUITE 111
CITY-ST-ZIP NORTH LITTLE ROCK, AR 72117 ☒ Delete

TITLE MGR
NAME DUES, DALE
STREET ADDRESS 4119 RICHARDS ROAD, SUITE 111
CITY-ST-ZIP NORTH LITTLE ROCK, AR 72117 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900041654389
10/06/04--01056--005 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Craig C. Hockelberg

Craig C. Hockelberg, Manager 8/31/04

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

Date

Daytime Phone #